

JPRS-TEP-94-013
8 September 1994



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JPRS Report

Epidemiology

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Epidemiology

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UN Selects ROK as International Vaccine Institute Site

*SK3006021894 Seoul YONHAP in English
0159 GMT 30 Jun 94*

[Text] Seoul, June 30 (YONHAP)—A U.N. committee has selected South Korea in opening an International Vaccine Institute (IVI) and decided to establish a "vaccine network" in Asia involving six countries, the Foreign Ministry said Thursday.

The committee tasked with selecting the site for the new IVI chose South Korea out of six applicants—South Korea, China, Thailand, Hong Kong, Singapore, Indonesia and the Phillipines—at a meeting Monday, the ministry said.

The committee decided to open a vaccine education center in China and supplementary research offices in all other applicant countries to form what it called a "vaccine network" in the region, the ministry said.

The IVI is the first project by the children's vaccine initiative. The U.N. Development Program (UNDP) decided in 1992 to open the institute in the Asia-Pacific to invent and produce vaccines to protect against children's diseases.

South Korea and the UNDP will exchange a memorandum of understanding sometime next month on operating the IVI.

The two sides will create a board of trustees to oversee its operations, the ministry said.

Tokyo To Extend China 202 Million Yen To Eradicate Polio

*OW2007045594 Tokyo KYODO in English
0422 GMT 20 Jul 94*

[Text] Tokyo, July 20 KYODO—Japan pledged Wednesday [20 July] to extend up to 202 million yen to China to cooperate in its project to eradicate polio, the Foreign Ministry said.

Japanese and Chinese Government officials signed a document on the assistance in Beijing, the ministry said. The aid will be used to buy polio vaccine in six Chinese provinces, it said.

The Chinese Government has drawn up an action plan to eradicate polio by 1995 in line with a plan by the World Health Organization to eradicate polio throughout Asia by the same year. Although 208 million doses of polio vaccine are needed nationwide, the Chinese Government cannot supply 93 million doses and has asked other countries for assistance, the ministry said.

REGIONAL AFFAIRS

**West/Central/East Africa Health Reports—
27 June-20 July**

AB2007160594

[Editorial Report] The following is a compilation of disease reports monitored from FBIS Abidjan Bureau and EAU coverage areas from 27 June to 20 July. Source information is given in parentheses after each item.

Congo

AIDS—Congo's Prime Minister, Joachim Yhombi-Opango said AIDS is becoming a "calamity" in Congo at the launching of an AIDS awareness campaign aimed at young people on 2 July. The campaign, which will last three months, aims at involving the youth in the fight against AIDS. According to Congo's national AIDS control program, 80,000 people, 50,000 of them women, are HIV positive and 19,000 have full blown AIDS. The illness has already orphaned 12,000 Congolese children. Thirty five percent of AIDS fatalities in the Congo are in the 15 to 45 age group, the largest section of Congo's population, which is estimated at 2.5 million.

AIDS—In Brazzaville, where the number of people affected has "stabilized" at 6 percent of inhabitants, AIDS is responsible for the death of one young person in three. The worst hit town is Pointe-Noire, where 12 percent of inhabitants are affected. In many economic centers in the south of the country the level of incidence is as high as 9 percent.

Doctor Pierre M'pele, director of the national AIDS control program, said AIDS prevention campaigns, backed by international funding, had managed to "limit the damage" over the last five years. However, he said, the campaigns, which cost two \$2 million every year, could be jeopardized because of financial problems. (Paris AFP in English 1148 GMT 3 Jul 94)

Guinea

Cholera—According to a reliable source in Conakry, 100 people have died of cholera over the past three weeks in Guinea. Without confirming the number of victims, the Guinean health director said that the cholera epidemic is "severe" and has claimed lives. He added that the epidemic, which was detected on 24 June, has mainly affected Conakry where 1,527 cases have been reported. On 19 July, the Guinean Government launched an appeal for international aid. Meanwhile, Medecins Sans Frontieres and France have offered 28 tonnes of drugs and health equipment to Guinea. (Paris AFP in French 1014 GMT 20 Jul 94)

Kenya

Malaria—The Ministry of Health has been asked to urgently send mobile clinics to some parts of Narok

District where a severe outbreak of malaria has reportedly claimed 150 lives in the last two weeks. The appeal was made by Julius Ole Sunkuli, assistant minister in the office of the president, during a public meeting convened by the Narok district commissioner. (Nairobi Kenya Broadcasting Corporation Network in English 0600 GMT 17 Jul 94)

Niger

Mysterious disease—According to the NIGER NEWS AGENCY, about 46 residents of Kano district have died of a mysterious disease which is accompanied by diarrhea and vomiting, and which broke out about 12 days ago at Kanta, Gangara, and Wanlewa villages. Health teams are currently combing the area and specimens of the disease are being analyzed to determine the nature and origin of the disease. (Niamey Voix du Sahel Network in French 1200 GMT 12 Jul 94)

Nigeria

Measles/gastroenteritis—The Yobe State administrator has disclosed an "outbreak of measles, gastroenteritis, and (?veinal) infection" at Jakusko, Pita, Mosari, and Damaturu local government areas of Yobe State. He said the disease, which has now been brought under control, has "already claimed many lives." He said the government has released 370,000 naira to combat the outbreak. He explained further that although the outbreak has been "fully contained, preventive measures are now being adopted in the affected local governments." He added that cerebrospinal meningitis vaccines worth 1.3 million naira have been purchased for use in the zonal offices. (Kaduna Radio Nigeria in English 0900 GMT 27 Jun 94)

Cholera—Twelve people in Ikpe Local Government Area of Lagos State have died as a result of an epidemic believed to be cholera, according to a report by an NTA correspondent who visited four communities affected by the disease, namely Ise, Egbugbu, Abomiti, Obada. According to the correspondent, the cause of the disease has been traced to the contamination of well water by water from the nearby Atlantic Ocean. The villagers are however still drinking salty water from their wells and, according to the local government chairman, the local government will need to dig 10 boreholes in the affected communities at a cost of over 1 million naira. The chairman has consequently called for assistance from the Directorate of Food, Roads, and Rural Infrastructure, and from the Federal Government. Meanwhile, he has directed the medical department of the local government "to embark on health education" in the communities. (Lagos NTA Television Network in English 2000 GMT 30 Jun 94)

Mysterious disease—There is a report of an outbreak of an unidentified disease in a government school in Gadaka, Fika Local Government Area of Yobe State. The latest announcement follows the report, a few weeks ago, of "a mysterious disease which killed about 60

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people" at (Koriye) village. Confirming the outbreak, the state health commissioner said over 80 students of Government Girls' College, Gadaka, were affected by the disease. He said specimens of the disease have been sent to Lagos for analysis while medical personnel have already been drafted to the school to offer assistance. (Kaduna Radio Nigeria in English 0900 GMT 13 Jul 94)

Southern African Health Report Monitored 11-17 July

MB1707171794

[Editorial Report] The following is a compilation of reports monitored by FBIS Mbabane Bureau from 11 to 17 July concerning outbreaks of and reports on various diseases. The items are listed by country and disease. The source follows each item.

Angola

Meningitis—"There has been an outbreak of meningitis in Huila Province with three deaths in Lubango in the past few days. An outbreak was reported in northern Namibia and in Cunene Province, where more than 40 cases were recorded at the Chiulo Mission Hospital. Nine of those cases were in Huila Province—namely, in Mulondo and Quiteve." (Luanda TPA Television Network in Portuguese 1930 GMT 15 Jul 94)

Lesotho

AIDS—"The discovery of cases of the sexually transmitted killer disease AIDS among children in the 5-19 age group and the causes of the transmission of the disease among children in this age group continue to pose a problem among medical researchers. This was stated by the head of the disease control unit in the Ministry of Health and Social Welfare. The Leribe district had the highest incidence of AIDS and other sexually transmitted diseases with a total of 90 cases reported in the district. A total of more than 400 AIDS cases has been reported in the country at present." (Maseru Radio Lesotho in English 1600 GMT 17 Jul 94)

Zimbabwe

AIDS, TB—"Zimbabwe had 30,427 cases of AIDS on record by June, Minister of Health and Child Welfare Timothy Stamps said on 13 July. Opening a Zimbabwe Public Health Association seminar in Harare, he said there was a global crisis in public health. Mr Stamps said the number of tuberculosis cases continued to grow and there has been 'a quantum leap' in Harare, the ZIANA news agency reported." (Johannesburg SAPA in English 1408 GMT 13 Jul 94)

CAMEROON

TB Epidemic in Douala Prison Reported

94WE0327B Yaounde CAMEROON TRIBUNE
in English 27 May 94 p 1

[Text] As we went to press last night, at least 20 people were reported dead in the Douala Central prison following an epidemic of tuberculosis. According to the

local CRTV station monitored in Yaounde, several of the recent cases of malignant coughs have developed into full-blown tuberculosis. A CRTV reporter on the beat blamed the epidemic on the poor sanitation situation in the prison due mainly to malnutrition and overcrowding.

An official of the prison's health service was quoted as saying some 112 cases of inmates suffering from coughs were recorded in the past few months. It is from this group that the casualties were registered. The Douala Lions Club is to offer a consignment of emergency medicines to the prison next Saturday.

North-West Project Combats Rinderpest

94WE0327A Yaounde CAMEROON TRIBUNE
in English 18 Apr 94 p 1

[Article by Gudmia Vincent Mfonfu, MINEF Info (in Bamenda): "HPI Vaccinates 20,000 Cattle Against Rinderpest in the North-West Province"]

[Text] The Bamenda-based Heifer Project International (HPI), in collaboration with the Provincial Delegation of Livestock, Fisheries and Animal Industries, has vaccinated some 20,000 herds of cattle against rinderpest, and the contagious bovine pleuropneumonia (CBPP) under its ethnoveterinary programme in the North-West province.

Considered one of HPI's greatest achievements in 20 years of integrated rural agricultural development in Cameroon, the ethnoveterinary programme aims at combining traditional with orthodox (modern) medicine in treating livestock diseases.

The first phase of the programme began with the creation of a 12-man commission, comprising pulan elders to identify common livestock diseases, and document their treatment procedures. This was followed by the collection of taxonomically classified specimens for a herbareum. HPI believes that by using 85 percent traditional and 15 percent modern drugs, farmers in rural communities will be capable of carrying out sustainable small livestock production through a line of least resistance, given the high cost and scarcity of imported veterinary drugs at the village level.

So far in this direction, HPI has received the support of the United Nations Development Programme, UNDP-managed global environment facility small grant programme, in establishing a pilot project for the conservation of medicinal plants. About 45 graziers have been trained in modern and traditional medicine by HPI and given the official title of paraveterinarians.

Over 100 plants have been identified to treat a variety of cattle diseases including: retained placenta, rinderpest, trypanosomiasis, snake bites and ringworm, and the fulanis use a variety of methods to prepare the herbs.

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HPI experts maintain that, one disease can be treated with many plants, thus taking advantage of the complementarity that may exist among healing components. To them, modern drugs, even when they are available, may be short in supply and difficult to obtain and administer in rural areas.

HPI hopes that, the Council will, sooner or later, become an independent association for cattle marketing and traditional cattle healing, and as the Project Director, Dr. Mopor puts it, "by combining modern and traditional medicines, improvements in animal husbandry can be brought even to traditional pastoralist in rural areas".

GHANA

Yellow Fever Under Control in Upper West

94WE0326A Accra *DAILY GRAPHIC* in English
26 Apr 94 p 16

[Article by Ibrahim Awal, Wa: "Yellow Fever Outbreak Under Control"]

[Text] The incidence of yellow fever, which claimed 26 lives in five districts of the Upper West Region has now been brought under control.

This is as a result of a donation of vaccines by the World Health Organisation (WHO) which enabled the Ministry of Health in the region to undertake mass immunisation exercises in all the five districts in the area.

Dr Ebenezer Appiah-Dankyira, Regional Director of Health Services, made this known when the GRAPHIC contacted him to ascertain measures being taken to check the spread of yellow fever in the region.

The Upper West Region recorded 103 cases of yellow fever in 37 villages with 26 deaths between October, last year and March, this year.

Dr Appiah-Dankyira said the immunisation team has over the last two months immunised a total of 26,000 people in all the districts which have brought about a complete control of the spread of the disease.

He said the Upper West Region is in the endemic zone of yellow fever which means that the incidence of the disease re-surfaces every 10 years.

He added that majority of the victims of the disease in the region and were within the age of 15 and 44 years. [sentence as published]

KENYA

Government Report Underlines Serious Trend in AIDS

94WE0329A Nairobi *THE KENYA TIMES* in English
8 May 94 p 7

[Special report by Tom Mosoba: "Despite the Campaigns, AIDS Marches On"]

[Text] Aids, the monstrous disease that took the world by storm and spread like a bush fire, still remains the most serious and grave health problem in many countries around the world.

But the picture of the disease has never been so grim for Kenya, according to the latest Aids report released by the National Aids Control Programme (NACP).

The report jointly produced by the National Council for Population and Development (NCPD), the Ministry of Health and NACP, says that if the current trends of the disease and the behaviour towards it by Kenyans do not change in the next five years, Aids will go out of control by the year 2000 and inflict untold suffering to the 26 million Kenyans besides dealing a major blow to our young economy.

According to the report, there will be 1.6 million people infected by Aids by 2000, while the figure will jump to 1.9 million by 2005. The number of new Aids cases reported every year resulting from the infection of these sufferers will be over 230,000 when we reach the year 2000.

In the next five and 10 years, the report says, the cumulative number of Aids deaths in the country will increase from about 100,000 today to 1 million, such that by the year 2005, deaths caused by Aids will be reading at 2 million per year.

However, the report indicates that the projected statistics on the Aids menace is based on the assumption that the disease's prevalence in the country will continue to soar as already shown by the insignificant appreciation or caution taken by Kenyans towards the epidemic.

Since prevalence seems to be increasing rapidly, going by the number of cases reported from virtually all the 41 districts, the Aids report speculates that at least for the next six to 10 years, prevalence will continue to increase.

In 1992, prevalence was estimated at 4.5 to 6.6 per cent in rural areas while it was 10 to 11 per cent in urban areas. The report indicates that there are areas in urban Kenya today where prevalence is already between 20 and 30 per cent. For instance, it is indicated that in 1992 only, 30 and 21.3 per cent of pregnant women in Busia and Kitale respectively, tested positive for HIV, which later results to full blown Aids.

Therefore, if these percentages are anything to go by, there are possibly over 220,000 and 480,000 Aids virus carriers in urban and rural areas respectively. Although the percentage of prevalence is higher in urban areas than in rural areas, the number of people infected in rural places is much larger than in urban areas.

Using the sentinel surveillance in several sites across the country and adjusting the data to be representative of the total population, the NACP estimates that there are presently about 700,000 adults infected with HIV while there are about 30,000 children who would test positive on HIV.

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More than 130,000 people in Kenya are believed to have developed Aids since 1986 although only about one third of these have been recorded in the official health statistics. In the released report, exactly 41,175 cases of Aids have been reported to the Ministry of Health since the beginning of the epidemic to November 3, last year.

Most of the Aids cases are not reported due to the stigma attached to the disease by doctors who fail to record a positive diagnosis. Some patients never seek hospital care for Aids or patients with Aids may die of other diseases before they are diagnosed as having Aids and because some rural health care facilities may not have the capability to test for HIV infection.

Consequently, the report says that by the year 2000, prevalence of Aids in the country will have increased from 5.6 per cent to 9 per cent and that in Nairobi about the same will have increased to 24 per cent. The report further warns that if effective interventions are not put underway immediately to counter the disease's spread, prevalence is set to be much worse than today.

The disease will increase the death rate at all ages and the impact will be most severe among young adults and children under the age of five.

The grave picture painted among Kenyans by the report shows a naked truth and worrying revelations that Aids deaths among people aged 15 to 49 will increase slowly from about 90,000 today to 100,000 by the year 2005, if there was no Aids but with Aids in our midst, the death toll will unbelievably shoot to about 220,000 per year by the year 2000 and continue increasing by almost 180 per cent to 280,000 deaths by the year 2005.

The scary and pathetic revelation of Aids scenario in Kenya in the near future will prevail and deaths would be enormous as the report indicates that when Aids strikes, human beings will die of even simple body infections as the whole body immune system collapses.

The rapid death increase in young adults would have serious consequences in economic and social development in the country. One of the worst impacts would be an increase in the number of orphans.

The number of Aids orphans according to the report, will increase to 600,000 in the next 6 years and the number will be almost 1 million in the year 2005.

The big number of orphans will definitely lack proper care and supervision needed at this critical time of their lives besides causing a tremendous strain on social systems to cope with them.

The orphans question will not only be of interest and a burden to the extended families (grandparents most of whom are now incapacitated) but at the broader community level, the orphans will pressurise orphanages, health care systems, school fees burden and the seemingly growing tangle of street urchins in our major towns or villages.

Pausing to think about how much the government health budget will be required to cater for such a remarkable increase in Aids cases becomes simply a nightmare in these years of economic depression.

The Aids report says that Aids patients' care expenditure will amount to as much as half of the public health care expenditure. In a recent study by Forsythe, it was estimated that the cost of hospital care for Aids patients averaged about Sh27,000 during the course of their illness. The study thus indicates that if this rate remains the same, the total cost for Aids patients' care in hospital will increase to Sh4.8 million by the year 2005.

Moreover, in the next six years, about half of all hospital beds will be required for Aids patients thus disrupting provision of health care for all.

The future of children and adults suffering from other ailments face a death threat if the Aids menace continues and it will soon become a major cause of deaths in children, worse than measles and malaria combined.

The annual number of child deaths due to measles and malaria is expected to range between 5,000 and 10,000 (according to Unicef reports in 1992) through the year 2000 but the annual number of deaths due to Aids alone will reach 40,000 to 50,000 over the same period.

The current infant mortality placed at 72 per 1,000 births was expected to decline to 45 by the year 2000 but Unicef reports that because of Aids, it will only decline to about 60 per 1,000 births.

Efforts over the past 20 years to control Tuberculosis (TB) had been showing considerable success but recently, the number of TB cases has jumped up due to the spread of HIV. Medical experts say that half of the adults in Kenya carry a latent TB infection which is suppressed by a healthy immune system but the prevalence of HIV has weakened the system to allow new cases of TB to emerge.

A study carried three years ago by an NGO [nongovernmental organization], Harries say without Aids, the new TB infection would be limited to about 0.2 per cent of the population resulting in 30,000 to 50,000 new cases each year. But with Aids now, about 90,000 people will be developing TB per year by the year 2000. The number could increase two folds in view of the fact that TB is infectious through casual contact.

Economically, an overview of the report shows that virtually all sectors of the economy including the active working force, the military and the agricultural sector will suffer tremendously if Aids is not fought from all corners of the republic.

The impact of Aids as shown by the reports warns in advance of the impending disaster if HIV infection continues to spread at the speed unabated. Many preventive and intervention measures have been floated to sensitise the population about the dangers posed by Aids.

After all have been said, it is however clear that the government, NGOs and international donor bodies must not give up the fight but keep doing what is within their reach to educate Kenyans about monster disease.

HIV/AIDS Cases Triple in Kiambu District

94WE0328A Nairobi THE KENYA TIMES in English
10 May 94 p 5

[Excerpt] Kenya News Agency—The number of HIV/AIDS cases in Kiambu District rose from 942, 1991 to 3,248 in 1993 in a report from the district medical officer of health has revealed.

According to the report contained in the district 1994/1996 Development Plan just released, 1,075 cases were screened in Nazareth Hospital, 629 in Kijabe Mission Hospital, Thika District Hospital recorded 618 cases while Kiambu and Kikuyu hospitals reported 493 and 453 cases respectively.

The report says the number of AIDS victims could be higher since the figures did not reflect cases screened between October and December 1993.

In view of the high number of the cases reported, the Kiambu DDC has prioritised HIV/AIDS programme in its 1994/96 development plan to arrest the spread of the killer disease.

Among the steps to be taken is to develop a community-based health care system for persons with AIDS and establish income-generating activities for them.

The DDC in conjunction with the Ministry of Health has also started a programme to sensitise the residents on the dangers of the disease through mobilising trained workers to educate the community in schools, colleges and other institutions in addition to district wide condom distribution. [passage omitted]

Cholera Outbreak Reported in Mandera Town

94WE0325A Nairobi THE KENYA TIMES in English
18 May 94 p 2

[Text] Kenya News Agency—A cholera outbreak has hit Mandera town and already 24 people are admitted to the district hospital suffering from severe diarrhoea and vomiting.

Fourteen of the patients are pupils from Boys Town Primary School. An average of ten have been admitted daily to the hospital since last Friday complaining of cholera symptoms while others have been treated as outpatients. Yesterday, the district medical officer of health Dr Ahmed Hassan told KNA that four specimens sent to Amref, Nairobi at the weekend were found to be cholera positive.

He said six people have died in the town in the last one month after showing cholera symptoms and added that it was suspected they died of the disease while in their homes.

Among the contingency measures that have been taken in the area to prevent the spread of the highly infectious water-borne disease is the setting up of a cholera advisory and control team comprising Ministry of Health, Unicef and Mandera County Council officials.

Drawing water from the town's river has also been stopped and residents are now required to draw treated water from two areas in the town.

Dr Hassan said the hospital was well prepared to cope with the current number of patients as there was adequate drugs and fluids. He, however, said that should the number increase rapidly, more drugs and medical staff will be required.

A fully equipped cholera camp has been sent at the refugee camp in the outskirts of the town in readiness for any eventualities, he said.

Meanwhile at least 160 inmates at Kitui Prison are suffering from waterborne related diseases and 2,000 more are vulnerable to typhoid outbreak following a water shortage that has gripped Kitui town for the past one month.

The Medical officer of Health Doctor Joshua Matu has asked the local DC, Mr Peter Lagat to intervene and rectify the situation.

Doctor Matu told the DC and heads of department at Kitui County Council chambers that out of 200 inmates examined at Kitui Hospital, 158 were suffering from waterborne related diseases. Many, he said, were confirmed typhoid positive and the number may rise. He added that the hospital was admitting and treating up to ten cases daily.

The District public health officer, Mr Justus Ndeleva, has in the meantime announced that the water from the nearby Kalundu River is unsafe for human consumption and asked relevant departments to pass the message to the public.

SOUTH AFRICA

Government To Launch Plan To Combat AIDS

MB2007142994 Johannesburg BUSINESS DAY
in English 20 Jul 94 p 1

[Report by David Breybe]

[Text] Cape Town—Government is set to unveil a R257m-a-year [rand] plan to combat AIDS. Its success depends largely on a strengthened primary health care system and the elimination of AIDS discriminatory practices which would involve legalising prostitution and homosexuality.

Health Minister Nkosazana Zuma will launch the plan in Pretoria tomorrow. It has been formulated by the National AIDS Convention of SA (Nacosa), which represents government, medical and political interests.

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Zuma was the convenor of the convention's AIDS strategy and a task team was appointed in January to plan its implementation and estimate its costs. Nacosa said it had drawn up "a priority programme" for immediate implementation because it recognised government's many priorities under the reconstruction and development programme (RDP).

The plan's annual cost would be R256.77m. Current expenditure provided for R36m. Other funding would come from the Health Ministry's R14bn budget, the RDP and foreign sources. The ministry estimated that about 4.7 percent of the population, 565,857 people, was infected with HIV at the end of last year. The plan is "a minimum response required to reduce the transmission of this epidemic and curtail its impact through the maximum mobilisation of resources."

In the short term the plan would have four priorities:

- Sex education in schools. The Health Department would develop a general school health programme focusing on sex education. National and provincial committees would be set up to plan and implement sex education curriculum development, including training teachers. Condom outlets would also be increased.
- Care of people with HIV and AIDS. Primary health care sites would be developed to manage the clinical, psychological and welfare needs of cases currently referred to specialist institutions.
- Human rights and law reforms ending discriminatory practices.
- Formulating a national AIDS control programme for national planning and co-ordination and to strengthen provincial capacity. The immediate priority was the appointment of national and provincial programme managers.

Of the total budget, 53 percent (R137m) would be taken up by prevention activities, especially the prevention of sexual transmission (R135m); 38.5 percent (R98.8m) would be used to reduce the personal and social effects of HIV infection; and 6.2 percent (R16m) would be used to mobilise resources. Of the total costs, personnel would account for 20.9 percent (R53.7m), education and training 11.5 percent (R29.5m), and professional services and the setting up of advisory groups needed 20 percent (R51.4m).

Committee Presents AIDS Plan To Health Minister

MB2107201194 Johannesburg Radio South Africa Network in English 1600 GMT 21 Jul 94

[Text] The Ministry of Health has doubled its annual contribution to the national AIDS plan to 42 million rands, to increase the annual budget for the plan to about 257 million rands.

The National AIDS Coordinating Committee presented the plan to Health Minister Nkosazana Zuma in Pretoria this afternoon. The plan includes aspects such as sex education, the adequate provision of condoms, and care for AIDS patients.

Plague of Mice Reported in Pretoria Suburbs

MB2107095294 Johannesburg SABC TV 1 Network in English 0500 GMT 21 Jul 94

[Text] The pied piper of Pretoria is being sought, as the capital is caught in the grip of one of the biggest mouse plagues ever. The rodents are streaming towards the city in their millions, destroying crops on their way. Several people have reported being bitten in their beds, and mouse-traps are being set up all over the city. The chief inspector of the health division of the Pretoria City Council, Dr. Johan de Klerk, said the mice have already reached the suburbs of the city. He blames the harsh winter and good rains for the plague.

ZAIRE

Doctors Fear Cholera Epidemic Among Rwandan Refugees

AB2107093194 Paris AFP in English 0857 GMT 21 Jul 94

[Text] Goma, Zaire, July 21 (AFP)—Doctors here fear a major cholera outbreak among the hordes of Rwandan refugees that have flooded into eastern Zaire, as they await test results Thursday [21 July] that could confirm their suspicions.

About 30 refugees have died from diarrhea and fever in Goma hospital in the last 48 hours, heightening fears of a cholera epidemic, according to members of the Medecins Sans Frontieres (MSF: Doctors without Borders) medical charity and French army medical teams Thursday.

Both groups sent samples to Paris for testing on Tuesday and Wednesday to determine whether the deaths were caused by cholera. They said they expected results sometime Thursday.

A cholera epidemic could lead to a serious deterioration in the already desperate situation along the border, where relief agencies already cannot cope with the needs of more than one million mainly Hutu refugees who are dying by the hundreds daily of hunger, thirst, exhaustion and disease.

Doctors warned that cholera would spread quickly, given the lack of hygienic facilities among refugees and the shortage of potable water.

The only available water comes from nearby Lake Kivu and another small brackish lake about 20 kilometers (12 miles) to the north, both of which are unfit for drinking.

MSF has requested anti-cholera supplies but so far has medicine and equipment—including isolation tents to control the spread of the disease—to treat only 120,000 people for one month.

Most of the deaths recorded since Wednesday night by non-governmental agencies in the zone were attributed to dysentery and dehydration.

Cholera Outbreak Among Refugees Kills 'One Per Minute'

*AB2107130694 Paris AFP in English
1127 GMT 21 Jul 94*

[Article by Joseph Gouala]

[Excerpts] Goma, Zaire, July 21 (AFP)—Cholera has broken out among the hordes of Rwandans fleeing into eastern Zaire, killing at least 800 people in the last 36 hours as it decimates refugees at the rate of "one per minute," relief workers said Thursday [21 July].

A Doctor for the Medecins Sans Frontieres (MSF) humanitarian group in this border town, Jannes Van Der Wijk, said at least 800 Rwandan refugees had already died, "without any doubt" from the disease. An MSF spokesman in Brussels, Georges Dallemagne, said samples of stool sent to Paris from Goma for analysis confirmed the presence of the cholera bacteria.

"Cholera is killing one refugee a minute," Dallemagne said. "As far as I can remember, we have never seen a more devastating and deadly epidemic."

"Tens of thousands could contract the disease in coming hours and days."

Relief workers along the border here said hospitals and makeshift emergency facilities were overwhelmed with hundreds of people.

Van Der Wijk said dozens of corpses lined the road into Goma and Kibumba camp north of the city. Other corpses lie right outside the entrance to Goma hospital, dead from the effects of diarrhea or dehydration. [passage omitted]

The cholera victims added to the stench of death hanging over Goma, where even the bodies of those killed in Sunday's mortar attack on Goma or trampled to death in the resulting panic have not all been buried yet.

The refugees started fleeing last week from the advancing rebel Rwandan Patriotic Front (RPF), which now controls the country and has set up a new government in Kigali. [passage omitted]

The scale of the humanitarian crisis has overwhelmed aid workers. Operations director for the UN High Commissioner for Refugees (UNHCR) Filippo Grandi on Thursday said his team could only cover the needs of less than 20 percent of the more than one million Rwandan refugees in the Goma area alone.

Grandi urgently appealed for help from donor governments, but said UNHCR wants to maintain control over coordination "to avoid political bias."

"We are struggling with our few means, but even with full means, we're not able to face the situation."

He said the UNHCR urgently needs airport equipment, 300 trucks, at least 50 tank trucks, cooking fuel, crews to clear roads, set up camps sites and put up 60,000 latrines. These must arrive in Goma in "two or three days" to make a difference, he said.

Grandi estimated that 500 tonnes of food per day were needed for the Goma region, and another 750 tonnes for the humanitarian safety zone for refugees set up by the French troops in southwestern Rwanda.

French military officials have estimated some 1.4 Rwandans had fled to the safety zone.

UNHCR spokesman Panos Moutmtzis in Goma on Thursday said another 250,000 Rwandan refugees—fewer than initial estimates—had also fled to the Zairean border town of Bukavu, 120 kilometers (75 miles) south of Goma.

ZAMBIA

Government Allocates Funds for Meningitis Control

*94WE0323A Lusaka TIMES OF ZAMBIA in English
16 May 94 p 3*

[Text] Government has set aside K40m for the control of meningitis throughout Zambia as the disease breaks out in Sesheke district.

Ministry of Health epidemiologist Dr Roy Chimba said at the weekend, a number of cases were reported in Sesheke but medical authorities in the area had not reported back to him.

He said the ministry had K40m earmarked for the prevention and treatment of meningitis and the relevant authorities would meet this week to decide on how the funds would be divided.

"We have to meet and decide on how to spend the K40m whether we should buy treatment drugs or vaccines this week in preparation for a potential outbreak as the meningitis season begins" he said.

Dr Chimba said the period beginning June to August was windy and facilitated the spread of the meningitis which was an airborne disease.

He said officials from the ministry would begin education campaigns as a preventive measure.

At present, the ministry had only 15,000 vaccines in its storeroom. "The meeting would decide how many more should be purchased."

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On the availability of treatment drugs in district health centres, Dr Chimba said the drugs were present but called for preventive stance as a solution.

Last month meningitis killed 20 people in Ndola and medical authorities sounded an alarm because meningitis symptoms were similar to those of malaria resulting in some patients receiving wrong treatment at home.

Meanwhile, Kitwe Central Hospital is scouting for more than K50m to buy equipment for its planned intensive care unit (ICU), deputy director Dr Celestine Nzala said at the weekend.

He said quotations from suppliers in South Africa had already been submitted and the hospital board of management was now scouting for funds from local and international donor agencies.

Dr Nzala said the equipment was urgently needed because the hospital had drawn up plans to set up an ICU to avoid a situation in which emergency cases were referred to the University Teaching Hospital (UTH) in Lusaka.

ZIMBABWE

Malaria Cases Decline in Mberengwa District

94WE0324A Harare THE HERALD in English
27 May 94 p 4

[Text] Gweru—Malaria cases have declined in Mberengwa district, the Midlands provincial environmental health office, Cde Masocha Mtshena, said yesterday.

Cde Mtshena said last week only 20 malaria cases were reported in Mberengwa compared to 329 cases as at the end of March this year.

"The Ministry of Health has now dismantled four treatment centres in Mberengwa because malaria cases had gone down and the situation is now under control," he said.

The hardest hit districts of Mberengwa and Gokwe reported a total of 96 deaths during the peak period from January to early May.

Mberengwa had malaria outbreaks for the first time in the province this year and most cases were reported at Vurasha, Manyange, Bonda, Shamba and Makuwerere clinics.

Although four health centres had been dismantled, environmental health technicians and nurses were still at the clinics to monitor the situation.

No Serious Epidemic Diseases in Wake of Guangdong Floods

HK3006142194 *Guangzhou Guangdong People's Radio Network in Mandarin 1000 GMT 29 Jun 94*

[Text] According to an official in charge of the public health and epidemic prevention department of our province, the situation of epidemic diseases has not been serious in the flood-stricken areas in our province following the floods. Reports on the situation of epidemic diseases up to 24 June show that in flood-stricken areas with a total of over 10 million people and areas around the flood-stricken areas which have also been affected by floods, a total of 1,156 incidents of enterogastitis, 751 incidents of influenza, 281 incidents of dysentery, 17 incidents of cholera, 12 incidents of hepatitis B, three incidents of meningitis B, one incident of measles, one incident of trypanosomiasis, and 52 incidents of pneumonia and diarrhea have been found.

He Zhaofu, director of the epidemic division of the provincial public health department, told reporters: The entire environment after the floods is favorable for the generation of bacteria. To prevent possible epidemic diseases, the public health departments have tried their best to supply flood-stricken areas with disinfectants and pesticides to prevent epidemic diseases. More than 10 days ago, Shunde already sent 20 tonnes of bleaching powder to flood-stricken areas. On 25 June, the provincial epidemic prevention station sent to flood-stricken areas all the 60 tonnes of bleaching powder bought from Hunan.

Minister Urges Efforts Against Diseases in Flood-Hit Areas

OW1107132194 *Beijing XINHUA in English 1309 GMT 11 Jul 94*

[Text] Beijing, July 1. (XINHUA)—Chen Minzhang, Chinese minister of public health, today urged localities to take measures against epidemic diseases in flood-stricken areas.

In a telephone conference, Chen said that in the next few months, some epidemic diseases including cholera and intestinal diseases might occur in flood-hit areas.

He noted that departments of public health at various levels should adopt effective measures toward the prevention and medical treatment of cholera, hepatitis and dysentery.

The departments must enhance supervision over and reporting on the tendencies of epidemic diseases, he added.

He called for protection of water resources and sterilization of drinking water, and enhanced supervision and management of foodstuffs so as to prevent food contamination.

Now the Ministry of Public Health has set up an office of disaster relief and prevention for epidemic diseases.

On the funds allocated by the ministry toward prevention of epidemic diseases, he said that they must be used to control epidemic diseases and purchase medicines and vaccines in the disaster-hit areas.

National Teleconference Urges Control of Epidemic Diseases

HK1307030894 *Beijing CHINA DAILY in English 12 Jul 94 p 3*

[Article by Zhu Baoxia: "Priority Given to Epidemic Prevention"]

[Text] More than 600 cases of cholera have been reported in seven flood ravaged southern provinces and autonomous regions in the past month, according to Minister of Public Health Chen Minzhang.

Minister Chen called upon local health departments, especially those in flood-hit areas of southern China, to give top priority to epidemic-disease control.

Most of the 618 cases have been dispersed in Zhejiang, Guangdong provinces and the Guangxi Zhuang Autonomous Region.

The figure represents a three-fold increase over the same period last year. The incidence of some other intestinal diseases was also rising in the areas.

In a national conference on disaster relief and epidemic diseases control conducted by telephone from Beijing yesterday, Chen noted that floods and droughts struck earlier than usual this year and with greater severity.

The hard-hit areas suffer from polluted drinking water, leading to various intestinal illnesses and the outbreak of dreaded diseases.

Incidences of epidemic hemorrhage and epidemic encephalitis have also increased by 49.2 and 47.9 percent respectively over last year.

But the number of patients with dysentery and typhoid has held steady in the same period.

Food poisoning accidents are up since the end of May.

Over 200 people in Guangxi, Yunnan and Liaoning have fallen ill after eating putrid foods and seven have died.

The minister quoted reports from meteorological departments saying that most of the provinces and autonomous regions in southern China have entered the dry season—with high temperatures and less rainfall—that should inhibit the spread of bacteria and virus.

Later this month, north and middle parts of North-eastern China, major parts of East China and the East part of North-western China will experience large amounts of rainfall, according to forecasters. Some of these areas may be hit by floods, adding to the anti-epidemic work.

The minister stressed that local governments should actively take preventative measures, tighten up epidemic surveillance and report epidemic situations immediately to higher authorities.

He particularly urged anti-epidemic departments to dispatch technicians to inspect drinking water supplies.

INDONESIA

Ogawa Cholera Infects 600 Factory Workers*BK0107102294 Jakarta Radio Republik Indonesia Network in Indonesian 0600 GMT 1 Jul 94*

[Text] According to a recent Health Department team survey, 600 workers in the Nicomas Gemilang footwear factory at Cikandi in Serong district, Banten, have tested positive for food poisoning and have been infected with the Ogawa cholera virus.

Speaking in Serong, Dr. Solah, the head of a Health Department team, said food and stool samples taken from a number of the factory workers show contamination by the Ogawa cholera virus. A number of the factory workers were first detected to be infected with the virus on 15 June, while others were detected on 26 June.

The Ogawa cholera virus was believed to be in the food prepared by the factory canteen. The team also said the virus could have been spread by the water used for cooking and washing cooking utensils.

JAPAN

Doctors Warn HIV Baby Possibly Not Isolated Case*OW1607043094 Tokyo KYODO in English 0325 GMT 16 Jul 94*

[Text] Kitakyushu, Japan, July 16 KYODO—Doctors at a hospital in Kitakyushu, western Japan, said Saturday [16 July] they have diagnosed a 9-year-old girl as being contaminated with the AIDS-causing Human Immunodeficiency Virus (HIV) after receiving a blood product when she was a premature baby.

The doctors at the University of Occupational and Environmental Health said they now urgently need to confirm whether other children might have been contaminated with the same product.

The group of doctors will present a report on the case at a meeting of the Japan Society of Neonatology beginning in Shizuoka, central Japan, Monday.

Akira Shirahata, an associate professor at the university who is a member of the team, said it is the first time a patient has been reported HIV positive in Japan after using a blood product for treatment other than hemophilia.

The girl received the blood product, commonly used as standard treatment for hemorrhaging in babies, because of a lack of vitamin K.

Shirahata said the finding means that doctors must urgently follow up cases where the product has been used to determine whether other children have been infected.

He said doctors who checked the girl after she began to suffer from a constant fever found she was HIV positive after realizing she had an abnormally low white blood cell count.

A further check found that in 1985, she had received an imported blood product as treatment for the vitamin K deficiency.

Such blood products were not heat treated to eliminate the possibility of HIV contamination until 1986.

In Japan, about 1,800 hemophiliacs have become infected with the virus as a result of receiving untreated blood products prior to that date.

Unknown Viral Disease Suspected in Deaths of Two Infants*OW1607142394 Tokyo KYODO in English 1359 GMT 16 Jul 94*

[Text] Tokyo, July 16 KYODO—Doctors have found 27 infants developed symptoms of a suspected unknown viral disease over a period of a year and a half, and that two of the babies died, officials at Tokyo Women's Medical College said Saturday [16 July]. All of the cases were observed at the college's maternal and prenatal center.

A team of doctors led by Hiroshi Nishida, a professor at a hospital attached to the college, will report the findings to a meeting of the Japan Society of Neonatology on Monday in Shizuoka.

Since November 1992, the doctors found unprecedented cases in which babies two to five days old developed a fever and rashes with diameters of 2 to 5 millimeters, they said. They also saw an increase in white blood corpuscles and a decrease in blood platelets. Most of the babies recovered within several days, but two who were born premature died after having bleeding of the lungs and inflammation of the trachea.

The officials said the disease was apparently caused by a virus, judging from the symptoms and increase in a type of enzyme related to viral infections, although they could not confirm it was a virus.

The Health and Welfare Ministry said it has not received reports of similar cases from other hospitals but it will try to find out if it is a viral disease.

SOUTH KOREA

Concerns Over Possible Outbreak of Encephalitis Grow*SK1607020494 Seoul THE KOREA HERALD in English 16 Jul 94 p 3*

[Text] Health officials yesterday expressed growing concerns about possible outbreaks of Japanese encephalitis this summer, as some 880,000 children across the

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country remain unvaccinated in the wake of a "vaccine accident" which claimed the lives of two children.

"Vaccination rate sharply plunged after the accident in May. Compared to 100 percent vaccination around the end of June in previous years, the rate only touched 85.4 percent this year," said an official at the Ministry of Health and Social Affairs.

With fears of increased outbreaks of the disease, the ministry extended the vaccination period until July 10, urging parents to have their children get vaccination shots within this period. About 380,000 children took the vaccinations during this extension, pushing the final rate to about 90 percent.

"We have failed to achieve 100 percent vaccination. And the rates at major cities were much lower than other areas, with Seoul and Pusan reporting 67.7 percent and 61.8 percent, respectively," the official noted.

In Seoul, health officials estimate the number of children between 3 and 15 years of age at 2 million, of whom 1.36 million have taken the vaccination shots.

Health officials' caution is that there is a high possibility of culex mosquitoes spreading far and wide and transmitting the disease due to the sultry humid weather this summer.

LAOS

Diarrhea Epidemic Reported from Oudomsai, Saravane

BK0807101794 *Vientiane KPL in English*
0932 GMT 8 Jul 94

[Text] Vientiane, Jul 8 (KPL)—The public health service of Oudomsai Province has recently been allocated with a 1.15 million kip budget to fight the spread of diarrhea in the districts of Beng, Houn, and Pak Beng. So far the illness has claimed lives of 92 persons and some 1,490 others have suffered from diarrhea.

In other development, since the middle of June, 57 people in rural areas of Saravane Province have died of diarrhea and 1,225 people have been (?infected) by this illness. The most serious scene [was] reported in Toumlan District, where 27 villages have been attacked and lost over 30 lives. In this connection, the public health service of this southern province has sent its personnel to control the situation there but still diarrhea continues.

Sixteen People Die of Diarrhea in Savannakhet Province

BK1307054594 *Vientiane Vitthayou Hengsat Radio Network in Lao* 1200 GMT 12 Jul 94

[Text] The outbreak of diarrhea in Outhoumphon District, Savannakhet Province, has claimed 16 lives. The disease has spread in Pa Nam, Na Pong, and Houai Nao

villages since late June. At present, the Public Health Service of the district has sent cadres to provide medical treatment for those who have been afflicted with the epidemic disease. Following measures taken by cadres to combat and control it, the disease has now been suppressed.

PHILIPPINES

Health Department Reports Drug-Resistant Typhoid Strain

BK2107104494 *Quezon City MALAYA in English*
19 Jul 94 p 2

[Article by Joan Dairo]

[Text] A new strain of typhoid fever resistant to certain drugs has been detected in Metro Manila, the Department of Health [DOH] said yesterday.

The strain, called multi-drug resistant typhoid fever or MDRTF, was first detected in India, Thailand, and Mexico four years ago.

What makes it different is that it was found to be resistant to Chloramphenicol and Cotrimoxazole antibiotics and other common drugs prescribed for the disease, said Dr. Eric Tayag, chief epidemiologist of the San Lazaro Hospital.

Severe complications were also detected in the new strain, including blood in the stools of patients afflicted with the disease, he said.

A report from the Field Epidemiology Training Program said a total of 250 cases have been documented by the DOH since the strain was first monitored at the Medical City General Hospital in Pasig last September 1993. Of the cases, 193 were admitted to the San Lazaro Hospital since January. Most of the patients were children from Makati and Mandaluyong.

He said the strain evolved when the body became resistant to the drugs due to frequent use. "Ang nangyari kasi, basta may sakit ang mga tao, iinom sila agad ng mga gamot na ito kahit na hindi pa sila nagpapatingin sa doctor [What is happening is that, people take these drugs when they get sick without seeing a doctor]," he added.

Tayag said the DOH has been treating the new strain with more expensive new drugs, the Quinolones and Zeftriaxone antibiotics.

The prices of the two drugs vary, from P60 [Philippine pesos] to P80 per tablet of Quinolones, while Zeftriaxone, sold in injectable vials, cost P3,000 to P5,000 per vial. Treatment cost for the new strain could be as much as P9,000 to P15,000 for ten days.

Typhoid fever is a food and water-borne bacterial disease. Its symptoms include yellow discoloration of the skin or jaundice, vomiting, nausea, and prolonged fever.

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Death Toll in Cholera Epidemic Reaches 137*BK0107104694 Quezon City GMA-7 Radio-Television Arts Network in Tagalog 0930 GMT 1 Jul 94*

[Text] The death toll from the cholera epidemic has reached 137. The casualties were among the 1,050 cholera cases reported in 21 provinces in 10 regions. According to the Department of Health, the Bicol, Cotabato, and Metro Manila regions registered the highest number of cholera cases. Fifty-eight of those who died came from Bicol, 49 from Southern Luzon, and 13 from Eastern Visayas.

Cholera Cases Reported in Guimaras Province*BK1107055994 Quezon City MALAYA in English 7 Jul 94 p 2*

[Excerpt] The number of cholera cases reported from various parts of the country has risen to 221 in the past five days, the Department of Health said yesterday.

Guimaras was placed on the list of provinces affected by the cholera outbreak after reporting five new diarrhea cases. Twenty-six provinces have been affected by the cholera epidemic.

Ten cholera cases were monitored in Zamboanga City and Davao provinces.

One hundred forty-two (142) of the diarrhea cases are in Iloilo. The Davao Medical Center admitted 41 of the diarrhea or suspected cholera cases. Zamboanga City and Cotabato Medical Center reported 13 suspected cholera cases.

These brought the nationwide tally of suspected cholera cases to 6,656 and cholera cases to 1,439.

The outbreak of cholera was first reported in Bicol last June.

Cases of cholera have also been reported in Hong Kong this week. Hong Kong health officials said the disease may have been borne by residents who visited China where floods hit some provinces. [passage omitted]

Health Department Confirms 51 New Cholera Cases*BK1107101594 Quezon City GMA-7 Radio-Television Arts Network in Tagalog 0930 GMT 11 Jul 94*

[Text] Fifty-one new cholera cases were confirmed today by the Department of Health. Twenty-seven of the cases were reported in Metro Manila by the National Task Force on Cholera Prevention, while six came from Aurora, Quezon; seven from Oriental Mindoro; and nine from the province of Rizal. According to authorities, the spread of the cholera virus was attributable to the rainy season.

Health Department Reports 125 New Cholera Cases, 1,130 New Diarrhea Cases*BK1507081894 Manila BUSINESS WORLD in English 13 Jul 94 p 7*

[Text] The Department of Health (DoH) yesterday reported that 125 new cholera cases were confirmed in the National Capital Region and Regions 4, 9, and 11.

A report by Health Undersecretary Juan Nanagas noted that aside from the 125 new cholera cases, there are also 1,130 new diarrhea cases. But no deaths were so far reported.

In Metro Manila, DoH received reports that from 9 to 12 July, there are 215 new diarrhea cases and 37 new confirmed cholera cases.

The patients were from Muntinlupa, Taguig, Taytay, Binangonan, Cavite, Meycauayan, Tondo, Navotas, Malabon, Panay, and Caloocan.

Meanwhile, Health Secretary Juan Flavio said the department expects cholera cases to rise due to the rainy season.

But he said the public should not be alarmed because "although we have higher cholera reports this year, this only shows that we have an improved system of reporting from our regional health offices."

He also reminded the public to boil their water and avoid eating raw and street foods, "just to be on the safe side."

Cholera is a water-borne and food-borne disease.

TAIWAN**Health Department Reports 666 HIV Carriers in Nation***OW1307081194 Taipei CNA in English 0724 GMT 13 Jul 94*

[Article by Debbie Kuo]

[Text] Taipei, July 13 (CNA)—The Department of Health (DOH) Wednesday [13 July] said 36 more human immunodeficiency virus (HIV) carriers have been discovered in Taiwan, bringing the total number of HIV-positive people here to 666.

Thirteen of the 36 newly reported patients have already developed full-blown AIDS and are dying, a department official said.

Sexual intercourse remains the top reason for HIV transmission in Taiwan, Hsu Hsu-mei, deputy director of the DOH's Bureau of Disease Control, said. About 70 percent of the 666 carriers said they contracted HIV through sexual intercourse, she said.

Fourteen of the 36 newly reported patients, all male, said they had visited prostitutes in foreign countries, mainly

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in Thailand. Nine of them had a history of sexually-transmitted diseases, Hsu said.

Hsu also warned women of the risk of contracting HIV from their husbands. Up to now, 14 wives have become infected with the HIV virus from their husbands, the official said.

THAILAND

Researchers Report Finding 'New' AIDS Strain

Common Among Thai Homosexuals

BK0607055794 Bangkok BANGKOK POST in English
6 Jul 94 p 3

[Text] Thai researchers have found a new AIDS virus strain common among Thai homosexuals, according to Chulalongkorn University's Faculty of Medicine dean Suphawut Chutiwong.

Dr Suphawut said Thai Red Cross Society AIDS Programme director Prapan Phanuphak had found a new AIDS strain in Thailand named "BMN".

Dr Prapan has worked with HIV/AIDS carriers for more than 10 years.

Dr Suphawut said the researcher could not provide further information because Medical Council ethics stipulate that information can only be provided after the matter is published in the Medical Journal.

Dr Suphawut said the new strain was different from the two strains found in Thailand, sub-types A and B, which was more common among heterosexuals and drug users.

He said the new strain was similar to a strain found in the United States.

Dr Suphawut said there were seven AIDS virus strains throughout the world. It was believed the strain discovered by Dr Prapan was one of these seven but was new to Thailand.

Dr Prapan was not available for comment.

Will Not Affect Vaccine Development Programs

BK0807073394 Bangkok BANGKOK POST in English
8 Jul 94 p 2

[Text] The new HIV/AIDS strain found in Thailand has a very slight difference to the subtype B strain now common among heterosexuals and will not adversely affect the country's vaccine development programmes, according to Deputy Health Minister Udomsin Sisaengnam.

Dr Udomsin was speaking in response to reports that a new AIDS strain was recently detected in Thailand by the Chulalongkorn University Faculty of Medicine.

"Only the tip of the outermost cover of the BMN AIDS virus is different from the subtype B virus," he said.

Dr Suphawut Chutiwong, the faculty dean, recently said university researchers detected the new strain in Thais.

The two AIDS strains commonly found in Thailand are Thai A or subtype E, common among heterosexuals and also found in Africa; and Thai B or subtype B, common among drug users and also found in Europe and America.

The BMN strain was similar to the strain found common among homosexuals in America, said Dr Udomsin.

He said the new strain, BMN was under the subtype B virus found in Thailand, common among heterosexuals.

An anti-AIDS committee of the Interior Ministry has agreed to step up AIDS awareness campaigns among ministry officials and employees of all state enterprises under the ministry's jurisdiction, beginning in October.

Deputy Interior Permanent Secretary Pramuan Rutchanaseri, who chairs the committee, said the campaigns would then be expanded to the public.

Mr Pramuan said warnings would be printed on electricity and water bills and documents would be distributed to people about AIDS.

He said there were now 7,458 full-blown AIDS patients in Thailand and 75 per cent of them have been found to contract the disease through sexual transmission.

Health Ministry To 'Eradicate' Poliomyelitis by 1996

BK0107091794 Bangkok Radio Thailand Network
in English 0000 GMT 1 Jul 94

[Text] Thailand has set a target to eradicate poliomyelitis from its young generations by 1996. Director of the Regional Office for Communicable Disease Control, Region 5 in Nakhon Ratchasima Province, Aphichat Mekmasin, says that to reach the target, the Ministry of Public Health will launch a campaign to vaccinate children across the country against poliomyelitis. He says the campaign will be launched during 10 to 12 August and 22 to 24 September this year.

He says the target will be children under six years old as well as those between six and 14 years old. He says presently there remain nine poliomyelitis patients in Thailand.

Dr Aphichat says when Thailand reaches the said target to eradicate polio in the next two years, the Ministry of Public Health will plan further preventive measures to give immunity to new born babies.

VIETNAM

Khanh Hoa Province Records 159 HIV Cases, 26 Deaths

*●K1707094794 Hanoi Voice of Vietnam in English
1000 GMT 16 Jul 94*

[Text] Khanh Hoa, a south central province, has emerged as the Vietnam's second largest AIDS-affected region after Ho Chi Minh City, with 159 people found to be HIV-positive and 26 deaths. This popular tourist destination has taken several steps to prevent AIDS spreading further, such as setting up a new camp to rehabilitate prostitutes and drug addicts who are in high risk of HIV.

Dac Lac Strives To Eradicate Spreading Cholera

*BK1807153894 Hanoi Voice of Vietnam Network
in Vietnamese 0500 GMT 17 Jul 94*

[Text] The Voice of Vietnam correspondent from the Central Highlands reported that since the beginning of summer this year, cholera has been spreading in Ea Sup District, Dac Lac Province. More more than 1,000 people were attacked by the disease, and 11 were killed. The disease is now spreading to Ea Kar District of the same province.

As of 14 July, 120 persons have had cholera in Ea Kar District and the adjacent villages, six of them were killed.

The Dac Lac public health sector and the Central Highlands' Epidemiological Hygiene Institute are striving to find out the causes of this epidemic disease while taking urgent measures to eradicate cholera.

CZECH REPUBLIC

1994 HIV-Positive Figures Approach 1993 Total

AU1907135694 Prague CTK in English
1241 GMT 19 Jul 94

[Text] Prague, July 19 (CTK)—A total of 192 people in the Czech Republic had been diagnosed HIV positive in the Czech Republic as of June 30, Chief Hygiene Officer Jiri Vytlačil told journalists today.

While in the whole of 1993 27 new cases were recorded, the figure was 22 for the first six months in 1994, he added.

ROMANIA

Health Ministry Reports 2,847 Known Cases of AIDS

AU1907132894 Bucharest ROMPRES in English
1133 GMT 19 Jul 94

[Text] Bucharest ROMPRES, 19/7/1994—According to a report issued by the Romanian Health Ministry, a number of 2,847 cases of AIDS were registered in Romania by 30 June 1994. Out of that total, 83 percent of the cases were involving children under 7 years old and 6 percent children between 5 and 9 years old.

Constanta County ranks first with 399 cases, out of which 364 are children. Bucharest comes next with 386 (272 cases of children), then Giurgiu County with 186 cases (184 cases of children), Dolj County with 150 cases (146 cases of children), Galati County with 147 cases (142 cases of children), Mures County with 143 cases (142 cases of children), and Bacau County with 139 cases (138 cases of children).

YUGOSLAVIA

Kosovo: Polluted Water Poses Epidemic Threat, 25 Deaths Reported

AU1507175794 Belgrade BORBA in Serbo-Croatian
9-10 Jul 94 p 20

[Unattributed report: "It Is Not the Catastrophic 1,800 Deaths, But Rather the Alarming 25"]

[Text] Pristina— The alarming news imparted at the meeting of the separate administrative bodies of the district of Kosovo with Aleksa Jokic, minister in the Serbian government, that 1,769 children had died so far due to water pollution, that is, of intestinal diseases and diarrhea, was "softened" yesterday by representatives of the Regional Institute for Health Protection.

Even the representative of the Department for Water Supplies and Epidemiologic Protection, Komisi Tmusic, who had stated at the aforementioned meeting that a large scale epidemic threatened to break out any moment because 1,769 deaths had already been reported, 74 percent of whom were children aged 2 years and older, explained yesterday that the data refer to the past 10 years, rather than to the last six months.

According to yesterday's official statements, the situation is not as alarming as was stated at the meeting with Minister Jokic, although Jokic ordered that the public should be informed every day on (im)purity of water and epidemic hazard. To the question asked by BORBA's journalist as to what the precise number of children who died of infectious diseases in the last six months was, the answer was—25. Far smaller than the catastrophic figure stated earlier, but still large enough to cause serious concern.

REGIONAL AFFAIRS**Central American Health Report for 10 July**

PA1107031794

[Editorial report] The following is a compilation of reports on Central American public health and epidemiological developments monitored through 8 July.

Honduras

Flesh-eating bacteria—The case of an individual infected with a flesh-eating bacteria was discovered recently in the department of Gracias a Dios. This case has caused great concern in the area, and Deputy Arturo Echeverria has said "due to sparse medical assistance" and "government indifference," an epidemic could arise. (Tegucigalpa EL PERIODICO in Spanish 4 July 94 p 11)

Cholera—The Honduran Health Ministry has reported 14 new cases of cholera in the past days: 12 in the community of La Lima, Cortes Department, and two in Olancho Department. (Mexico City NOTIMEX in Spanish 1730 GMT 5 July 94)

Nicaragua

Cholera—Three people died from cholera in Tipitapa on 26 June. Health Ministry officials have reported 2,006 cases have been registered from January to July, including 58 deaths. (Managua Radio Nicaragua Network in Spanish 1200 GMT 29 June 94)

AIDS—Six cases of AIDS have been reported to the Health Ministry during the first six days of July. According to Health Ministry statistics, there were nine cases in June. (Managua Radio Sandino in Spanish 0300 GMT 7 July 94)

Panama

Bovine rabies—The Agricultural Development Ministry (MIDA) has reported 16 cases of bovine rabies have been detected so far this year in Chepo, Colon, and western Panama. Both MIDA and the Health Ministry have taken preventive measures to prevent the disease from spreading. (Panama City EL SIGLO in Spanish 2 July 94 p 10)

AIDS—The Children's Hospital has reported 26 cases of children with AIDS, of which 12 have died. The first case was detected in 1988. (Panama City LA PRENSA in Spanish 3 July 94 p A-13)

AIDS—According to a spokesperson from the Panamanian Society of Pediatrics, the number of children with AIDS has increased 200 percent during the past three years. The source has added the majority of them were born of mothers who carried the syndrome. (Panama City EL PANAMA AMERICA in Spanish 4 July 94 p A-3)

Flu—Children's Hospital Director Esteban Lopez reported on 3 July the flu epidemic continues although flu cases among children are considerably less. The Children's Hospital gave medical attention to 700 children per day when the epidemic began, but the number has now dropped to 300. (Panama City EL PANAMA AMERICA in Spanish 4 July 94 p A-6)

AIDS—According to a Health Ministry report, 414 people, mostly males, have died from AIDS since the first case was detected in 1984. Of that total, 76 were females, of whom 54 were between the ages of 20 to 44. The report adds 700 cases have been detected during the past 10 years. (Panama City ACAN in Spanish 0105 GMT 7 July 94)

AIDS—A Health Ministry report states there are 15,000 carriers of AIDS in Panama. The report adds since 1985, 700 cases have been registered, of which 589 are males and 111 are females. (Panama City EL SIGLO in Spanish 10 July 94 p 14)

Central American, Caribbean Health Report Through 15 July

PA1607044194

[Editorial Report] The following is a compilation of reports on Central American and Caribbean public health and epidemiologic developments monitored through 15 July.

Cuba

Leprosy—The Cuban Government announced today that it "has eliminated leprosy as a public health problem," because it reduced the number of cases in the country to 859, which is "under the international limit of one for every 10,000 inhabitants." The Health Ministry stated, however, "between 250 and 300 cases are still diagnosed each year, and a campaign has been started to stop the spread of the disease." (Mexico City NOTIMEX in Spanish 1531 GMT 15 Jul 94)

Honduras

AIDS—Health officials have reported that there are "more than 2,000 children with AIDS," adding that the number is increasing at an alarming pace. Authorities estimate that "one in every 1,000 women has the deadly disease, and, therefore, many children will be orphans or left to their fate in public hospitals." There are, however, no special shelters in the country to care for children who are suffering from the disease. (Tegucigalpa LA TRIBUNA in Spanish 11 Jul 94 p 14)

Malaria, dengue—San Pedro Sula health authorities have expressed concern because of an increasing number of malaria and dengue cases in urban areas. They reported that more than 2,500 malaria and 40 dengue cases have been recorded. (San Pedro Sula TIEMPO in Spanish 11 Jul 94 p 25)

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Panama

Tuberculosis—National Tuberculosis Control Program Director Enrique Castaneda said tuberculosis has been increasing gradually in recent years and that 428 cases have been recorded this year alone. (Panama City EL SIGLO in Spanish 11 Jul 94 pp 1, 10)

AIDS—Health Ministry official Gladys Guerrero has reported that more than 50 percent of the 59 AIDS cases reported this year involve heterosexuals. She said the 20-40 age group is the one most affected by the disease. Guerrero added that the number of children afflicted with the disease is on the rise and that five babies with AIDS have been diagnosed in the first half of 1994. Physician Xavier Saenz Llorens reported that there were 27 children with AIDS from 1988 to 1994, out of which 13 have died. (Panama City LA ESTRELLA DE PANAMA in Spanish 14 Jul 94 p A2)

AIDS—A Health Ministry report reveals that there have been 94 new AIDS cases in the first six months of 1994, bringing the total number of AIDS cases to 700 since October 1984. It adds that 59.14 percent of those patients have died; 84.14 percent are male and 15.86 percent female; and most of the patients are between 20 and 44 years old. The report indicates that 83.1 percent of all reported cases were sexually transmitted. According to the Health Ministry, there are more than 15,000 virus carriers nationwide who do not know they are infected, and it is estimated that for each case diagnosed, there are at least 25 others that have yet to be diagnosed. (Mexico City NOTIMEX in Spanish 2125 GMT 15 Jul 94)

Flu—Cocle Province Health Director Aurelio Rangel has revealed that hospitals and medical centers have reported 536 cases of flu in recent days. (Panama City LA PRENSA in Spanish 15 Jul 94 p 10A)

South American Health Report 10 July

PA1107015694

[Editorial report] The following is a compilation of reports on South American public health and epidemiological developments monitored through 8 July.

Argentina

Cancer treatment/meningitis vaccine—A group of Argentine cancer patients will travel to Cuba to receive medical treatment with a substance extracted from shark cartilage. In addition, approximately 400,000 children will be vaccinated in Buenos Aires free of charge with a Cuban meningitis vaccine. (Havana Radio Havana Cuba in Spanish 0000 GMT 30 June 94)

Venezuela

Tuberculosis—Health programs for the prevention of and cure of tuberculosis could be halted in the next few days due to a lack of medicines, according to the doctor

in charge of this program in Zulia State. A total of 5,400 cases of T.B. are confirmed in Venezuela annually, and authorities have estimated it could rise to 10,800 cases. The mortality rate is 3.5 out of each 100,000 cases. (Caracas Union Radio Network in Spanish 2200 GMT 29 June 94)

AIDS—The Health Ministry has reported the number of women with AIDS has increased to 293, of which 168 have died. The situation is worrisome, as in 1982 the proportion between males and females was 14 to one; it is 14 to five today. (Hamburg DPA in Spanish 2222 GMT 8 July 94)

South American Health Report 15 July

PA1607044094

[Editorial Report] The following is a compilation of reports on South American public health and epidemiological developments monitored through 15 July.

Colombia

AIDS—On 13 July, Health Minister Juan Luis Londono announced that at least 70,000 AIDS carriers are not receiving appropriate medical or psychological treatment. He also reported that his office will start an AIDS-prevention campaign on 18 July. Londono added that if the current rate of infection continues, Colombia will have 500,000 AIDS cases in 10 years. The first AIDS case was detected in Colombia in 1983, and, according to official data, there are more than 9,700 AIDS patients in the country today. (Madrid EFE in Spanish 1604 GMT 13 Jul 94)

Southern Cone Health Report Through 30 June

PY3006151594

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 30 June.

Brazil

Meningitis—The Epidemiologic Control Center has reported that the meningitis outbreak that was declining in Sao Paulo State two years ago has suddenly reappeared. Some 151 people are infected, of which 41 have died in the past 50 days—most of them children under four. A total of 89 cases were reported in May alone. This is higher than the number of cases reported in the same month between 1988 and 1993. (Sao Paulo O ESTADO DE SAO PAULO in Portuguese 23 Jun 94 p A16)

Leprosy—The number of leprosy cases has practically doubled in Brazil in the past 10 years. The annual rate of new cases is at least 10 times higher than the level accepted by the WHO. There are more than 228,000 people infected nationwide. (Sao Paulo GAZETA MERCANTIL in Portuguese 27 Jun 94 p 11)

AIDS—The Sao Paulo Epidemiology Control Division has reported that there are more than 30,000 registered AIDS cases, of which 19,671 have been fatal, in Sao Paulo State. AIDS cases total 50,000 nationwide. The number of AIDS cases transmitted by homosexual contact dropped from 64 percent in 1984 to 25.8 percent in Sao Paulo, but cases transmitted by heterosexual contact rose from 2.4 percent to 14.8 percent. (Sao Paulo AGENCIA O ESTADO in Portuguese 2213 GMT 28 Jun 94)

Southern Cone Health Report Through 7 July

PY0807004494

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 7 July.

Argentina

Cholera—The Health and Social Action Ministry reported that one cholera case was detected in the past few hours in San Martin Department, Salta Province, where a six-month infant was infected with the disease. Cholera cases nationwide have totalled 887 so far this year. (Buenos Aires NOTICIAS ARGENTINAS in Spanish 2118 GMT 7 Jul 94)

Bolivia

Chagas disease—The National Health Secretariat reported that a survey conducted between 1981 and 1982 shows that the Chagas disease kills seven new born babies and six pregnant women per year. Acute Chagas disease registers an average mortality rate of eight percent, and between 2.6 and 4.6 percent among children. The mortality rate for congenital cases is 32 percent nationwide. (La Paz PRESENCIA in Spanish 26 Jun 94 Second Section p 1)

Southern Cone Health Report Through 14 July

PY1507032994

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 14 July:

Argentina

Meningitis—Regarding the number of meningitis cases nationwide, 1,784 cases and 111 fatalities were registered in the first half of 1994, less than half the number of cases detected last year. The highest number of cases were registered in Buenos Aires, Santa Fe, and Cordoba provinces. (Buenos Aires LA NACION in Spanish 3 Jul 94 p 20)

Bolivia

Chagas—The National Tropical Diseases Center has reported that 48 percent of blood donors in Santa Cruz and 70 percent in Camiri are Chagas carriers. The rate

registered in Camiri surpassed the 20 percent of cases detected 10 years ago in the northern part of Argentina. This was considered to be the highest percentage of Chagas carriers in the South American region. (La Paz PRESENCIA in Spanish 3 Jul 94 Second Section p 1)

Malaria—A serious malaria epidemic is being registered in the central area of Pando Department, where one person died and hundreds are infected with the disease. This was confirmed by church authorities, peasant leaders, and transportation workers who visited the township of Puerto Rico and other adjacent communities. (La Paz PRESENCIA in Spanish 3 Jul 94 Second Section p 1)

Brazil

AIDS—National AIDS-control program coordinator Lair Guerra de Macedo has opened a national meeting of state and municipal coordinators of programs for control of AIDS and sexually transmitted diseases. Guerra de Macedo said the number of AIDS cases in Brazil is increasing, because the period of incubation of the disease can be as long as 14 years. Over the past five years, 52,500 AIDS cases were reported in Brazil, with the highest incidence in Sao Paulo, Rio de Janeiro, and Rio Grande do Sul. According to the Amazonas office for the control of sexually transmitted diseases, 17 AIDS cases—one of them fatal—were detected in nine state counties. (Brasilia Radio Nacional da Amazonia Network in Portuguese 1000 GMT 12 Jul 94)

Chile

Hepatitis—On 28 June acting regional Health Ministry secretary Roberto Fuentes reported that hepatitis cases have increased by 100 percent in the Fifth Region so far this year as compared with the same period in 1993. He noted that the number of type-A hepatitis cases rose from 298 last year to 603 this year. (Santiago EL MERCURIO in Spanish 29 Jun 94 p C8)

Cuba, Ecuador to Cooperate on Health Issues

PA1907175694 Havana PRENSA LATINA in Spanish 2025 GMT 16 Jul 94

[Text] Havana, 16 Jul (PL)—Cuban Public Health Minister Julio Jesus Teja Perez and Ecuadoran Health Minister Patricio Abad Herrera signed a three-year agreement on collaboration on medical issues here today.

The document that was signed establishes as priorities the following areas of cooperation: control of diseases transmitted by insects; training of human resources; and supply of medicine and medical equipment, including the latter's maintenance.

The ministers also signed a letter of intent proposing the sale of medicine for Ecuadoran plans to fight tuberculosis and parasitical diseases, as well to initiate joint studies for technical assistance in controlling tropical diseases like malaria and dengue fever.

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Abad acknowledged that it benefits Ecuador to purchase Cuban products because of their known quality and low cost, compared to products from such countries like Japan. He expressed interest in purchasing the Cuban vaccine against meningococcal meningitis, even though this disease has not been detected in Ecuador.

BRAZIL

Infant Mortality Up Markedly in Northeast

94WE0314B Sao Paulo FOLHA DE SAO PAULO
in Portuguese 10 Jun 94 p 1-4

[Article by Brasilia branch director Gilberto Dimenstein]

[Text] The Catholic Church's Pastoral Children's Agency reported an increase of from 25 to 30 percent in the death rate among children aged from zero to one year in the Northeast region during the first three months of this year, compared with the same period last year.

The increase for the entire country is nearly 15 percent. The survey includes 2,068 municipalities (39 percent of the total) in all the Brazilian states. A total of 1.9 million children were monitored.

Between 1989 and 1993, the rate discovered by the Pastoral Agency was declining. In 1989, out of nearly 1,000 children born alive, 53 died before reaching one year of age. In 1993, the rate was 28 per 1,000.

The official rate for the country is 54 per 1,000 (1992).

Based on the results of the first quarter, the Pastoral Agency anticipates that the national average will jump from 28 to 33 per 1,000 (a 17.8 percent rise) this year. In the Northeast, it is expected to increase from 38 to 49 per 1,000 (28.9 percent).

The survey is a valuable indicator of the trend in Brazil's social crisis. There is a daily follow-up of each family, keeping a record of every death reported by a community agent in contact with the mothers.

Causes

The Pastoral Agency's physicians are still evaluating the causes of this increase. They point to the third consecutive year of drought, cholera, malnutrition resulting from increased unemployment, and, especially, the crisis in the public health care system.

Reports have reached UNICEF indicating that, owing to technical and organizational problems, there has been a reduction in the number of children reached by the vaccination program.

The report will be submitted to the Nutrition Security Council (Consea), associated with the Presidency of the Republic, this month. A copy is being sent directly to President Itamar Franco.

Five Years

There was also a rise in the death rate among children aged from one to six years. Last year, the rate was 3.1 deaths per 1,000 in the Northeast. The projected figure for this year, based on the first quarter, is 4.5 deaths per 1,000.

The Pastoral Children's Agency is headed by the physician Zilda Arns, who is in charge of the Mother-Child Department of the Health Ministry.

The agency was created 10 years ago in an attempt to reduce infant mortality in Brazil, primarily by educating mothers of the most needy families.

It is considered by Unicef to be one of the exemplary public health agencies in the world.

The Infant Mortality Situation (scale of 20-65)

Per 1,000 children aged 0-1 year monitored by the Pastoral Children's Agency

	1989	1990	1991	1992	1993	1994*
Northeast	58	53	46	37	38	49
Brazil	53	45	36	32	28	33

* Projection based on first quarter of 1994; Source: Pastoral Children's Agency/CNBB [National Conference of Brazilian Bishops]

The Numbers of the Pastoral Children's Agency

Data for first quarter of 1994

States	27(all)
Municipalities with a Pastoral Childrens' Agency	2,068
CNBB Regional Agencies	16
Arch(dioceses) or Prelatures	240
Parishes with census taken	3,161
Communities with census taken	18,454
Active community leaders	63,224
Families monitored*	1,339,193
Pregnant women monitored*	95,418
Children under age 6 monitored*	1,935,433
Alternative community programs	965
Radios with "Live Life" program	652

* Data refer to 13,694 communities. Numbers of families, children, and pregnant women refer to the sums for January, February, and March 1994. Source: CNBB.

Spread of Endemic Diseases Discussed

94WE0314A Brasilia CORREIO BRAZILIENSE
in Portuguese 20 Jun 94 p 5

[Article by Deuza Lopes]

[Text] So long as the country's poverty-stricken situation remains unchanged, endemic diseases such as cholera and dengue will not disappear. Epidemics will always be possible while the spread of poverty persists on the periphery of the large urban centers. The president of the National Health Foundation (FNS), Alvaro Antonio Machado, is specific: considering the repeated outbreaks that have been occurring since 1982, we can hardly talk about the eradication of endemic diseases in the country.

The diseases of the poverty-stricken populations have found ideal conditions for their propagation in Brazil's urban centers. They afflict rich and poor alike, because the population shares the same water supply system, the common medium for contagion. FNS forecasts estimate that the government would have to spend nearly \$11.5 billion to establish basic sanitation in all the country's housing within an eight-year period. A plan for this purpose is in the desk drawer of Health Minister Henrique Santillo, with only the political decision remaining for its implementation.

Dangers

Besides cholera and dengue, Brazilians must withstand attacks of malaria, tuberculosis, Chagas disease, and Hansen's disease (leprosy). They are now living with the possible return of a dreaded specter: The World Health Organization (WHO) has revealed that, within two or three years, Brazil could be experiencing another epidemic of bubonic plague (transmitted by the rat flea). Of these diseases, only Chagas still lacks effective treatment. The others have been eradicated from the First World.

Cholera was imported into Brazil, reaching the capitals first; but the current phase shows the disease occurring in the outlying regions. Last year, there were 60,000 cases, with 650 deaths. This year, 40,600 infected persons have already been detected, with 305 deaths, indicating the spread of the disease which, however, has not yet reached all the states. Ceara and Paraiba have been the hardest hit, with a total of 39,000 cases this year.

Since dengue arrived in Brazil during 1982, when the first epidemic was detected in Roraima, with 12,000 victims, it has not left the Brazilian population. It showed a presence in 12 states, and in Rio de Janeiro, Ceara, and Roraima it has epidemic status. In 1994, Goias State is the one suffering most from the incidence of the disease, with 2,177 cases reported. The national situation could become even worse with the arrival of type 3 dengue in the Americas. Brazil is now experiencing types 1 and 2. However, the Pan-American Health Organization (PAHO) has already warned that the other virus is arriving; hence, increasing the chances of incidence of hemorrhagic dengue, which is fatal in many cases.

Malaria is considered by the health experts as the principal epidemic existing in the country, although it is concentrated basically in the Amazon Region, where the transmitting mosquito finds environmental conditions propitious for its propagation. Between 1984 and 1992, an increase was reported in the incidence of the disease, from 360,000 to 570,000 cases. Last year, however, 468,000 infected persons were reported, with a reduction of 100,000 cases.

Ceara Facing Third Outbreak of Dengue

Ceara, the country's third poorest state, has abominable basic sanitation conditions, ideal for the propagation of *Aedes egypti* and the cholera vibrio. The population is

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being stricken repeatedly with dengue and cholera epidemics. Since 1987, there have been three dengue epidemics and one of cholera. Not even Governor Ciro Gomes and the Netherlands' honorary consul, Luciano Montenegro, [escaped?] the disease, which reached 169 municipalities, afflicting over 34,000 Ceara residents.

The population of Rio de Janeiro State has also been victimized by dengue and cholera epidemics. The National Health Foundation is currently spending nearly \$20 million to maintain the surveillance system in that state, and this summer not one dengue case has been reported. The FNS president, Alvaro Antonio Machado, blames the selfishness of that state's government for its failure to assume responsibility for the epidemiological control effort, which is being threatened unless the agency's budget supplement is approved.

Machado claims that the hospitals, while treating the carriers of dengue and cholera, actually end up acting as retransmitters. Not all the hospital units have waste treatment, and dump their refuse in river beds and streams. He maintains that the health authorities' irresponsibility is flagrant, and is contributing to the worsening of the epidemiological situation.

According to the FNS president, only with massive investments in the basic sanitation area will Brazil emerge from the Third World status that it has now with respect to health. He gives a reminder that imported cholera cases have already been reported in both the United States and Japan. However, since the vibrio failed to find propitious conditions for its propagation, it was simply eradicated by the health authorities.

Despite the epidemics occurring in the country, Machado indicates one positive aspect in Brazilian public health. The WHO considers the two percent mortality rate for every 100 persons acceptable.

Bubonic Plague Prowling in Brazil

During the next two years, Brazilians will have to coexist with the possibility of a return of bubonic plague, a disease transmitted by the flea that bites rats. The disease appears only under conditions wherein the population is poverty-stricken and hygiene is lacking. The World Health Organization recently issued a warning, indicating the reappearance of former focuses of the disease.

In fact, bubonic plague has never been eradicated from Brazil. There are focuses called "natural" in the Northeast region and the states of Minas Gerais and Rio de Janeiro. From 1982 to 1992, 525 cases were reported, with an average of under 25 cases in the past five years. During that period, the states of Bahia (45 percent) and Ceara (44 percent) accounted for nearly all the reported cases. The death rate is quite low.

The president of the National Health Foundation, Alvaro Antonio Machado, emphasizes that the WHO

warning should prompt the government to carry out preventive action where the natural focuses of the disease exist.

The last epidemics of the plague recorded in Brazil occurred during the 1920's and 1930's. The latest outbreak was reported in Paraiba, in 1986, when 400 persons were infected, and six died. The most serious outbreak occurred between 1925 and 1927, with over 1,000 deaths in Pernambuco. The disease was imported from Europe into Brazil during 1898.

CUBA

Provincial Infant Mortality Rates Reported

*FL0807022294 Havana Radio Reloj Network
in Spanish 0202 GMT 3 Jul 94*

[Text] Villa Clara Province ended the first semester of this year with an infant mortality rate of 7.1 per 1,000 births, according to preliminary information provided by Jose Ramon Ruiz, assistant director for medical assistance in the territory.

The municipalities that report the lowest infant mortality rate include Cifuentes, with a 0-percent rate over three years, and Remedios, with no deaths in over six months, as reported by registrant Berta Pulido.

Moreover, Vicente Molina reports from Nueva Gerona that results of the mother-child program in Isle of Youth Municipality can be termed impressive. Only one death has been reported in Isle of Youth Municipality so far this year, so the accumulated rate is 8.6 percent, which is far below the 11.5 percent reported in the previous phase.

Leprosy 'Eliminated as a Health Problem' in Country

*FL1607022794 Havana Radio Rebelde Network
in Spanish 2300 GMT 15 Jul 94*

[From the "Exclusive" program]

[Text] We have learned that with only 859 cases of leprosy out of 11 million inhabitants, we can safely state that this illness has been eliminated as a health problem in Cuba. Such a statement is based on the World Health Organization's definition, which states that the elimination of leprosy as a health problem means reducing the rate of incidence to less than 1 case for each 10,000 people.

The report, which appears in today's GRANMA newspaper, recognizes that each year, approximately 250 to 300 people are diagnosed with leprosy. The Ministry of Public Health directs its efforts toward preventing its transmission.

Inordinate Number of Guillain-Barre Syndrome Cases Appear**Forty Display Symptoms**

FL1907214994 Havana Radio Reloj Network in Spanish 1958 GMT 19 Jul 94

[Text] The Public Health Ministry, scientific research centers, and the Tropical Medicine Institute have begun special studies following an above-average number of cases of Guillain-Barre syndrome in Havana.

Beginning in June, a high number of people, currently 40, began displaying symptoms of this neurological illness. They are currently receiving priority treatment in the city's hospitals.

The Guillain-Barre syndrome can occur following an infection, is classified as an autoimmune syndrome, and is not transmissible.

Between 17 and 20 cases are reported in Havana each year, and following the dengue fever epidemic that affected Cuba, there was an increase in the number of cases. The symptoms were reported particularly in Arroyo Naranjo Municipality.

Medical Director Downplays Reports

FL2107134194 Havana Radio Progreso Network in Spanish 1100 GMT 20 Jul 94

[Report by Eduardo Gonzalez; from the "First Thing" program]

[Text] The rising number of Guillain-Barre Syndrome cases is concerning the public, particularly those in Arroyo Naranjo Municipality, near the capital, where most of the patients are located. Professor Gustavo

Kouri, director of the Tropical Medicine Institute, explained to the media that Guillain-Barre Syndrome is a neurological disease that can appear one or more weeks after a diarrheic infection, respiratory infection, or any other type of infection: [begin Kouri recording]

Kouri: There is no need to be alarmed. We do not face an alarming or new situation. Guillain-Barre Syndrome occurs...[pauses] Cases appear in this country and worldwide every year. Guillain-Barre Syndrome always comes in the wake of infectious diseases. [end recording]

The disease has been reported worldwide for many years, with an incidence of approximately 1 or 1.5 cases for every 200,000 inhabitants. The same thing happens in Cuba every year, mainly in the summer. It was discovered on 20 June that the number of diagnosed cases in Havana has increased slightly, with 17 of the 40 reported cases in Arroyo Naranjo. The cause of this concentration of cases has been under investigation from the beginning: [begin Kouri recording]

Kouri: Guillain-Barre Syndrome symptoms include tingling in the lower limbs, progressive loss of strength, general malaise, and weakness. There is usually no fever because of the postinfectious nature of the syndrome, meaning it appears after an infection. It is not an infectious process. The symptoms are sometimes accompanied by urinary problems, incontinence. These are the general symptoms. [end recording]

Generally speaking, the disease evolves slowly and is deadly in very few cases. The disease is neither contagious nor linked to the neuropathy epidemic. Cuba has the medicine, equipment, specialists, and other resources needed to face this disease, even if the number of cases grows. But this is not expected.

If Guillain-Barre Syndrome symptoms appear, the patient must contact his family doctor.

ALGERIA

Figures on Diseases Transmitted Via Water Supply

94WE0320A Algiers ALGERIE ACTUALITE in French
14-20 Jun 94 p 13

[Article by Omar Zitouni: "The Dirty Hands Disease"; first paragraph is ALGERIE ACTUALITE introduction]

[Text] The first epidemic appeared in 1991, and it was followed by others in 1992, 1993, and, last, 1994. The same typhoid epidemic is back, and today (6 June) we are already up to 162 cases, including one death: that of a 30-year-old woman.

For almost eight years now, not a summer has passed without our being visited by the familiar specter of water-transmitted diseases, or MTH's, as they are called by [French-speaking] professionals. Those diseases, which include typhoid fever, dysentery, viral hepatitis, and cholera, have not always been in favor with the media.

Taboo? Maybe, especially in the leaden years when mentioning things that might suggest poverty and underdevelopment was considered an attack on state security. How many journalists in those days, thinking it was proper to do their job (meaning to inform), found themselves publicly reprimanded by departments of the Ministry of Health?

If other diseases occupy that zone of embarrassed silence today, they are more likely to be sexually transmitted diseases and AIDS. Times change.

But while the taboo has retreated, information is still very far from satisfactory. In the opinion of the principals concerned, it is necessary to react by quickly spreading complete information about the foci of disease, which are appearing just about everywhere.

In the case of Algiers and its vicinity during May and June 1994, "water-transmitted diseases" means primarily typhoid and the epidemic that is becoming synonymous with one community: Dergana.

Unorganized Reaction to Epidemic

We were welcomed at the Directorate of Public Health of the Governorate of Alger by M. Bouziane, who is in charge of prevention. Our interview was concerned with the "Dergana epidemic," its history, and what it reveals.

Dr. Bouziane told us that a nationwide program to combat water-transmitted diseases had been set up in 1987 and that it was to include cooperation by several ministries: the Ministry of Water Resources as water distributor, the Ministry of Interior for operations in local communities, the Ministries of Agriculture and Commerce, and, of course, the Ministry of Health to be in charge of prevention and treatment. Several follow-up committees were established at the national level and in the dairas [administrative districts], governorates, and

communes to monitor the program. Despite inadequacies of all kinds, that made it possible to achieve a certain number of results:

1. In the case of water resources, the Keddara project has been completed, and other projects are under way.
2. The sanitation network is not yet well managed. But the EPEAL [expansion not given] is now in charge of it.
3. Municipal health offices have been set up, but at the APC [People's Communal Assembly] level and with a physician and sanitation engineer at their head. But the other departments (water resources, agriculture, and so on) are not always represented. And the offices themselves have little power to monitor and intervene.

Concerning the water pipes, and in response to our question about the use of PVC [polyvinyl chloride] and other unreliable materials, Bouziane said that this was basically a matter of resources and financial means. All those pipes are to be made of iron. PVC, steel, and black tube are to be banned because they are permeable and retain dirt. And it was precisely those banned materials that were used in the Dergana system.

To get back to the subject of Dergana, that locality was originally designed to be a diplomatic neighborhood (with individual houses). Today there is an endless succession of housing complexes: "Complex 1006 dwelling units" built by the Italians, a complex of 550 units built by the Canadians, the university built by the French, a university residence hall built by the Spanish, two complexes built by the DNC [expansion not given] (the EPLF [expansion not given] and the CNEP [Algerian National Savings and Insurance Bank]), and individual houses. And the water system was not always able to keep up with that range of multinational intervention.

The first epidemic appeared in 1991, and it was followed by others in 1992, 1993, and, last, 1994. The same typhoid epidemic is back, and today (6 June) we are already up to 162 cases, including one death: that of a 30-year-old woman.

The response to that alarming situation can be summed up as follows: the water tower has been supplied with electricity, making it possible to use the automatic chlorination equipment, and there is a new connection through "North" Dergana. Five drinking fountains and deliveries by water trucks are supplying the inhabitants with drinking water now that the water system has been shut down following the appearance of the epidemic. Those are the first measures adopted to compensate for the polluted water.

While typhoid has always been endemic in Algeria (that is, there are isolated cases throughout the year), it experiences peaks (epidemics) in certain localities. For example (see the table), there were 113 typhoid cases throughout the Governorate of Alger in 1993, and so far there are 162 cases in Dergana alone.

**Water-Transmitted Diseases in 1993 (Governorate of Alger)
Administrative District**

Disease	Bir Mourad Rais	Bab-El-Oued	Sidi M'Hamed	Hussein-Dey	El-Harrach	Total
Cholera	0	0	0	0	0	0
Typhoid fever	16	16	22	11	48	113
Dysentery	6	16	10	3	5	40
Viral hepatitis	48	49	11	24	42	174
Governorate	70	81	43	38	95	327

It is obvious, here as elsewhere, that participation by the public is indispensable: cases must be reported and followed up medically, the rules of hygiene must be observed, water must be chlorinated in the home, and so on.

Bouziane pointed out to us that in general, the public responds as long as the epidemic lasts and "plays the game." But then when the crisis is over, the good resolutions are forgotten.

In that connection, we were handed the "technical instructions" written by the Ministry of Public Health to serve as practical handbooks on the correct way to deal with water-transmitted diseases ("transmission of water-transmitted diseases," "wastewater and fecal matter," "proper handling of milk and milk products," "proper handling of meat," "garbage," "whitewashing wells," "drinking water," and so on).

It remains obvious, however, that quick action is not being taken as regards either supervision (a shortage of tablets for chlorine testing, culture mediums for analyses, vehicles for home visits, and so on) or repairs to the system.

It is a job for the emergency crews, in the words of Dr. Bouziane, who invited us to the national seminar on water-transmitted diseases that will be held, in all probability, at the end of June.

Typhoid as Endemoepidemic Disease

At El Kettar, which is a university hospital specializing in infectious diseases, our discussion with an assistant in the adult medicine department enabled us to zero in better on typhoid.

To begin with, while typhoid can of course be transmitted by water—which is why it is classed among water-transmitted diseases—it is also a "dirty hands disease," meaning that it can be transmitted by hand contact between a patient and a healthy individual.

Typhoid fever has become an endemoepidemic disease in Algeria, meaning that while it is endemic (that is, cases

scattered in time and space occur), epidemics also occur, an example being the one that everyone calls the Dergana epidemic.

Concerning El Kettar's role, our source went on to say: "This is not a matter of replacing a ministry or taking charge of the epidemiological aspect of prophylaxis. Our role is curative. We treat the sick, and that is the only way we participate in prophylaxis, in the sense that a patient who is cured can no longer infect other people."

But coordination among the various departments concerned is necessary all the same. If the source of the epidemic is not found and eliminated, the epidemic cannot be stopped.

In the specific case of typhoid, the specialized hospital's various functions can be listed as follows:

1. All cases are reported: typhoid is a reportable disease.
2. All typhoid patients are hospitalized and treated, including "healthy carriers." Healthy carriers are those individuals who carry the microbe without presenting any clinical signs. They are as "dangerous" to those around them as the patient himself, or even more so because they do not know they are carrying the disease. They are detected when their stools are examined. Obviously, they too must be rendered harmless—that is, treated so that they will no longer spread the disease.

At El Kettar, there is the same moderate optimism that the Dergana epidemic will soon be checked that we found in Dr. Bouziane of the Directorate of Health. The number of cases is declining, and it can be expected that the epidemic will be halted within a couple of weeks, provided that no other sources of pollution turn up.

But there is also another source of concern at El Kettar. Traditionally, Algeria experiences a cholera epidemic every four years. The last two occurred in 1986 and 1990. So? So what we do not want is a cholera epidemic on top of the typhoid epidemic. Caution is called for.

Papers Report Increase in Gastroenteritis Cases

Toll in Calcutta

94WE0315A Calcutta THE STATESMAN in English
8 Jun 94 p 4

[Excerpt] Even as the Calcutta Municipal Corporation [CMC] claimed on Monday that gastro-enteritis had been "contained" in the city, the disease gained alarming proportions on Tuesday.

Three more people died of gastro-enteritis following admission to the Infectious Diseases Hospital on Tuesday.

The toll since May 1 has risen to 92, Health Department sources at Writers' Buildings said.

About 4,000 people have been admitted to the hospital.

However, Dr. Subodh Dey, Member (Health), Mayor-in-Council, said on Tuesday that one person had died and 60 people were admitted to the Infectious Diseases Hospital, over the "past 24 hours". [Passage omitted]

'Alarming' Bacteria

94WE0315B Calcutta THE STATESMAN in English
2 Jun 94 p 3

[Article by M.D. Shahid Pervez: "No Respite from Gastro-enteritis"]

[Excerpt] [Passage omitted] Not always do statistics reflect the potentials of the spread of a disease. Compared to a total of 4,522 people, in the city and suburbs, affected with gastro-enteritis last year, this year has recorded only 953 cases. But, after a lull in mid-May, the momentum is picking up. The death toll since May 1, 1994, according to hospital sources, stands at 71. This is in contrast to a lower total being doled out by the CMC [Calcutta Municipal Corporation] officials.

What the experts find particularly alarming is that the *Vibrio Cholerae* O139, which, prior to November, 1992, was considered a benign bacteria, has assumed malignancy. This strain of cholera toxin was primarily responsible for the massive toll of nearly 1,125 last year in the city. Even this year, the presence of this bacteria has been detected in almost 40 per cent of the samples of gastro-enteritis-infected cases by the National Institute of Cholera and Enteric Diseases (NICED), the only research institute of its kind in India.

According to Mr. Sujit Bhattacharya, research fellow at the NICED, cases of patients, affected with VC O139, are pouring in from the neighbouring countries like Nepal, Pakistan, Bangladesh and Sri Lanka. Both the USA and Britain have had their share too. He said: "It is feared across the globe that the eighth pandemic of cholera could break out because of the VC O139".

Mr. Sujit Kumar Ghosh, Chief CMC Health Officer, does not seem to share Mr. Bhattacharya's fears. "The

CMC is taking steps like chlorination of water and regular screening of water samples, collected at random from various places, to check gastro-enteritis which is nothing but a seasonal epidemic", he said.

There was, however, no denying the revival of the cholera germ in Calcutta.

Cases in Rajasthan

94WE0315C Madras THE HINDU in English
10 Jun 94 p 9

[Text] Dholpur (Rajasthan), June 9.

At least 22 people have died of gastroenteritis in different parts of this district since May, official sources here today said.

They said that six persons, including four children and two women died last week, while 16 including 12 children died in the month of May in Bari subdivision of the district.

The sources said 807 people affected with the disease have been admitted to different hospitals.

Water-Borne Diseases Menace Uttar Pradesh

BK0107133694 Delhi INDIAN EXPRESS in English
28 Jun 94 p 5

[Excerpt] LUCKNOW—The dictum water water everywhere but not a drop to drink appears to be true for Uttar Pradesh which has been witnessing worst-ever attack of water-borne diseases like gastroenteritis, jaundice and cholera.

Over 250 persons out of about 3750 infected at various places in the state have died of these diseases since the onset of summer. The diseases are likely to take the shape of epidemic if proper precautions are not taken during the current monsoon season when taps pour mud and slush with water.

Even as the gap between supply and demand is increasing in almost the whole state, the quality of drinking water being supplied is deteriorating at an alarming rate. Maximum damage has been done in Kanpur where about 250 cases of gastroenteritis and jaundice have been reported. Of them 16 could not be saved.

Similarly, in Lucknow 245 cases of cholera and gastroenteritis were reported this summer. Other districts reeling under the current spell of water-borne diseases are Agra, Aligarh, Varanasi, Mathura, Gonda, Jalaun, Rampur, Jaunpur, Kanpur, Sonbhadra, Ballia and Bahraich where most of the water samples were contaminated with organisms like cholera vibrio, causing water-borne diseases.

Of about 250 samples sent to the infectious disease (ID) laboratory at the state Capital, 67 were contaminated with organisms causing gastroenteritis, jaundice and

cholera. Significantly, all seven samples coming from Bahraich, all four samples sent from Ballia and four of six samples sent separately from Fatehpur, Jalaun and Jhansi were contaminated.

The problem assumes sinister proportions with the fact that drinking water supplied in a number of cities is not chlorinated. About 5000 samples out of 20,000 sent from various parts of the state were found devoid of even traces of chlorine. [passage omitted]

About 300 Die of Gastroenteritis Epidemic in Uttar Pradesh

BK1907140094 Delhi All India Radio Network in English 1230 GMT 19 Jul 94

[Text] In Uttar Pradesh, about 300 people have died of gastroenteritis during the last fortnight. According to official reports, Lucknow and 44 other districts are in the grip of the disease which has assumed an epidemic form. Two hundred people are undergoing treatment in various hospitals in Lucknow. An official report says preventive measures have been taken by the state to contain the disease.

'Gastro Epidemic' Claims 345 Lives in Uttar Pradesh

BK2207091294 Delhi All India Radio Network in English 0245 GMT 22 Jul 94

[Text] In Uttar Pradesh, the raging gastro epidemic has so far claimed 345 lives in 42 districts. The state government has canceled leave of doctors and other health personnel and set up a committee to monitor the action plan. This was stated by the state health minister, Mr. Balram Singh Yadav, to reporters in Lucknow yesterday. Mr. Yadav said senior officials of the state health directorate have been asked to visit the affected districts to help speed up the preventive and treatment measures for the disease.

Epidemics Claim 26 Lives in Koraput District

BK0707133594 Delhi INDIAN EXPRESS in English 4 Jul 94 p 5

[Text] Berhampur—Epidemics, mainly gastroenteritis and cerebral malaria stalking the tribal-inhabited areas of Koraput district claimed 26 lives, affecting 235 others during the past three months, official sources here said. While 21 deaths were reported from Dasmanthpur block, five deaths occurred in Lakshmipur block. Medical teams have been deployed in the affected areas to combat the situation, District Collector J P Dash said.

Diarrhea Claims 126 Lives in Bihar

BK2107110994 Delhi All India Radio Network in English 0830 GMT 21 Jul 94

[Text] In Bihar, 126 people have died of diarrhea in three districts during the past 15 days. Official reports

reaching Patna say (Nallam) is the worst affected district accounting for 69 deaths, followed by Giridih with 53 and Gopalganj four. In Bihar Sharif, about 700 diarrhea patients are being treated at different hospitals in the district. A report from Giridih says the entire district has been divided into four zones and necessary steps are being taken to provide lifesaving drugs.

Mystery Disease Reported Among Andhra Tribals

94WE0340A Calcutta THE STATESMAN in English 11 Jun 94 p 6

[Text] Vizianagram, June 10—At least 12 tribals have died of a mysterious fever in an interior tribal village of Kurupam Mandal in Vizianagram district of Andhra Pradesh during the past fortnight reports UNI [United News of India]. According to Health officials here today, several tribals, including women, affected by the fever had been admitted to different health centres at Kurupam Mandal. Medical personnel have been camping in the affected places and have conducted blood tests. Medicines have been distributed to the people.

Pollution, Other Problems Cause Asthma Increase

94WE0317A Calcutta THE STATESMAN in English 8 Jun 94 p 11

[Excerpt] New Delhi, June 7.—Rising pollution, tension and unhealthy lifestyles are pushing up the incidents of asthma, an incurable inflammatory airway disease, in India, making tough demands on the health system, reports PTI [Press Trust of India].

Vehicular emissions at crossings, increasing industrial pollutants, tension-prone existence, incorrect medication—all such factors sketch out an ominous scenario.

About 500,000 tonnes of toxic gases—a bane for the asthmatics—were emitted in Delhi alone in 1990.

Researchers cannot exactly gauge the cause and extent of prevalence of this disease because of scarcity of data.

According to reports, the number of asthma patients in the West increased from five to seven per cent two decades ago, to over 10 per cent as of now, says Dr. S.K. Chhabra, chest specialist and senior lecturer at Vallabhbhai Patel Chest Institute.

Specialists feel the situation in India is the same.

Dr. Chhabra, who is currently carrying out a large-scale study, expected to cover more than 10,000 children, to estimate the size of the problem.

The experts warn that the situation is likely to deteriorate owing to bad dietary habits and polluted environment.

"Bad diet and increasing pollution, in collusion with already prevalent causes like infection, allergy and emotional stress due to personal and professional reasons,

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precipitate an asthma attack", says Dr. K.P. Agarwal, a senior scientist at the Inmas Asthma Research Cell in the same institute.

He says: "Normally it is the combination of all these factors that precipitates severe asthmatic disorder". [Passage omitted]

IRAN

Malaria Threatens 12 Million People in IRI

94LA0202Z London KEYHAN in Persian 30 Jun 94 p 1

[Text] Malaria threatens 12 million people in Iran. SALAM newspaper, which reported this item quoting an "expert on infectious diseases," added: The greatest threat is to that part of the population in the country residing south of the Zagros Mountains in the coastal plains of the Persian Gulf and the Sea of Oman.

According to the same expert, 1.8 million people are now suffering from malaria, and therefore the danger of transmission is critical.

Although the greatest danger lies in the areas mentioned, the provinces of Gilan and Mazandaran are by no means immune to this danger. One must keep in mind that malaria was eliminated in Iran prior to the revolution, but in the early years after the revolution, this disease gradually spread once again and has now reached a very dangerous phase.

Iran Conducts Vaccination Campaign in Afghanistan

LD1307213594 Tehran IRNA in English
2123 GMT 13 Jul 94

[Text] Tehran, July 13, IRNA—Islamic Republic of Iran vaccinated over 9,000 Afghan infants in 30 villages in

north Afghanistan against epidemic diseases over the past four months.

The Health Ministry's representative at the Foreign Ministry's Afghanistan logistics headquarters, Ali Reza Rajani, told IRNA here Wednesday that international organizations in Afghanistan know that Iran has successfully led the vaccination campaign of Afghan infants.

Rajani said United Nations Children's Fund (UNICEF) had proposed the Islamic Republic of Iran to vaccinate Afghan children.

He added that based on a report released by Iran's medicare team in northern Afghanistan, tuberculosis was the most prominent disease afflicting as much as 90 percent of people in some parts of Afghanistan.

Besides tuberculosis, enumerated the Iranian official, there were such diseases prevalent in Afghanistan as malaria, leprosy, measles, oriental sore, fungoid and parasitial diseases and diarrhea.

Rajani said that in view of the 900 kms long common borders shared by Iran and Afghanistan, lives of many border dwellers in northeastern Iran were threatened by epidemic diseases in Afghanistan, and to prevent any breakout Iran has launched extensive efforts to vaccinate people in western Afghanistan, especially infants, against the diseases.

Two Iranian medicare centres are active in Mazar Sharif in northern Afghanistan and Herat in west Afghanistan at present, providing daily services to about 800 patients free of charge.

RUSSIA

First HIV-Positive Case Confirmed in Chuvashia*LD3006100494 Moscow ITAR-TASS in English
0928 GMT 30 Jun 94*

[Article by ITAR-TASS correspondent Valentina Ivanova]

[Text] Cheboksary June 30 TASS—The first person to be infected with the HIV virus has been detected in Chuvashia, a small Russian republic on the Volga river. Previously, the region had been one of the very few left who had no sufferers from the dreaded disease.

Unfortunately, the republic's medical authorities know neither the man's name nor his address. In the beginning of June, the stranger applied to a clinic which guarantees anonymity to check and see if he had any venereal diseases. After a month of careful testing, the HIV analysis proved to be positive. However, the clinic has no way of finding the infected man and warning him or his potential partners of the danger they face.

Belgorod Program Prepares Transition to Health Insurance System*94WE0252D Moscow TRUD in Russian 9 Apr 94 p 3*

[Article: "Insure Your Health"]

[Text] Belgorod. The Oblast Three-Year "Zdorovye" [Health] Program is to provide residents with guaranteed medical aid during the transfer of public health to insurance medicine. It envisages the preparation of general health institutions for work under new economic conditions. Top-priority measures include the construction of new and repair of old buildings, purchase of modern medical equipment, and introduction of efficient forms and methods of servicing the public. The provision of all medical institutions with the necessary number of instruments for single and multiple use and with sterilized equipment will become an anti-infection barrier. Specialists estimate the cost at 31.5 billion rubles. The oblast budget is the basic source of financing. Only one-seventh of the expenditures are to be received from the federal treasury.

Federal Infection Protection Program Gets Under Way*MK3006115094 Moscow NEZAVISIMAYA GAZETA
in Russian 30 Jun 94 p 2*

[Andrey Bayduzhiy report in the "Medicine" column: "Russia Will Be Protected From Dangerous Infections"]

[Text] Yesterday an organizing session of the Interdepartmental Scientific and Technical Commission for Protecting Russian Federation Territories from Importation and Spread of Especially Dangerous Human, Animal, and Plant Infections, and Toxic Substances was held at the Russian State Committee for Sanitation and

Epidemic Control [Goskomsanepidnadzor]. The commission was set up following the government's adoption of a federal program with an analogous title, designed for 1994-1997.

It was noted at the session that the adoption of the program was prompted by sharply increased instances of dangerous infections and goods capable of harming the population being imported into Russia. Thus, in 1993 and early 1994 Goskomsanepidnadzor bodies alone banned the sale of more than a thousand consignments of imported goods. Overall last year 7.3 percent of all canned goods and 18.2 percent (!) of liquor imported into the country failed to meet the existing standards. No less threatening is the situation with especially dangerous infections being brought into Russia, primarily cholera. According to the World Health Organization, last year it affected 350,000 people in 52 countries of the world, including several Russians who brought the disease home from shopping tours in India and Pakistan. Meanwhile, neutralizing the consequences of just one cholera case costs Russian taxpayers three million rubles.

The Russian territory sanitary protection program envisions in particular the establishment on its border of 344 sanitation and quarantine points, 143 plant quarantine facilities, as well as 77 sanitation checkpoints in forced emigrant location areas. An automated information system, Sanokhrana, will be set up to collect information on all violations and to ensure efficient interaction of all services concerned.

Cholera Outbreak in Dagestan; 21 Cases, 18 Carriers Noted*PM1107095494 Moscow ROSSIYSKAYA GAZETA
in Russian 8 Jul 94 Weekend Edition p 2*

["Warning" report by "A.K.": "Cholera Brought Into Russia"]

[Text] Cholera has put in an appearance at the beginning of July. The outbreak of the disease is centered on Dagestan. Eighteen carriers and 21 cases of the disease have been identified in the settlement of Gerga.

On 5 July a case of infectious cholera was recorded in Moscow. The victim was Terezen Loze [name as transliterated], a Danish citizen.

According to Vladimir Chiburayev, chief of a Russian Federation State Committee for Sanitary and Epidemiological Supervision administration, the first cases of the disease in Dagestan were recorded among pilgrims on the hajj to Saudi Arabia.

The cholera case in Moscow is akin to a detective story. Terezen Loze, 20, flew into Moscow on 1 July from Delhi. She stayed in a private apartment. On the evening of the same day the Dane's condition worsened and she was taken by ambulance to the No. 2 hospital for infectious diseases. Two tests did not produce any results. It took a further test to identify the infection on

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5 July. On the same day, having exerted pressure through embassy channels, the patient managed to get transferred to the American medical diagnosis center on Shmitovskiy Street, whereupon Terezen ceased to be under Moscow medical supervision. It was not until 6 July that it became known for sure that Mrs Loze had flown home.

Medical Officer Denies Cholera Outbreak in Moscow

LD1607141494 Moscow Russian Television Network in Russian 1000 GMT 16 Jul 94

[From the "Vesti" newscast]

[Text] MOSKOVSKIY KOMSOMOLETs, always on the lookout for sensational news, yesterday published an article under the terrifying headline "Outbreak of Cholera in Moscow." This morning, the Russian Committee for Sanitary and Epidemiological Supervision was besieged by journalists. Among them, of course, was a Vesti camera team.

[Begin A. Monisov recording, identified by caption as deputy chief sanitary doctor for Moscow]

A. Monisov: No, of course this isn't an outbreak of cholera in Moscow, and I would like first of all to note that these two cases of cholera registered on 12 July, or between 12 and 14 July, in Moscow, involved citizens of Dagestan. [end recording]

Correspondent: In Dagestan itself, around 30 cases have been registered, and almost all of these have resulted in death. Moreover, almost all of these were from the same village—pilgrims returning from Saudi Arabia through Iran, Turkey, and Syria. And it is in these very countries, which our countrymen so love to call on with cheap goods, as well as in India, Pakistan, and Bangladesh, that the WHO counts hundreds of cholera sufferers. [passage omitted: Monisov advises how to avoid cholera]

Man from Dagestan Dies of Cholera in Moscow

MM1807122994 Moscow KOMSOMOLSKAYA PRAVDA in Russian 16 Jul 94 p 1

[Report by I. Mastykina: "Cholera Guest"]

[Text] A patient newly arrived from Dagestan and exhibiting symptoms of acute food poisoning was brought to one of Moscow's hospitals for infectious diseases. The man died a few hours later without regaining consciousness. A post mortem examination revealed that he had died of cholera. The family of Muscovites at whose home the guest from Dagestan was staying have been hospitalized.

It was confirmed by the Press Service of the Ministry for Affairs of Civil Defense, Emergency Situations, and Elimination of Natural Disasters that there has been a cholera outbreak in Dagestan's Gergebil'skiy Rayon. A

total of 11 suspected cholera cases have been hospitalized. Five cases have already been diagnosed as having the disease.

State Committee Reports on Sanitary, Epidemiological Situation

Situation Called 'Extremely Acute'

MM1307140194 Moscow TRUD in Russian 9 Jul 94 p 1

[Report by Aleksandr Yermakov: "More Contagion..."]

[Excerpts] Infections have recently taken up arms against Russians, as it were. Last year, for example, as reported at a news conference of the State Committee for Sanitary and Epidemiological Supervision, 39.4 million people were registered with infectious diseases. More than 10,000 people died from contagion. The situation is worsening daily.

Diphtheria is now epidemic in some parts of the country. In just one year the number of cases quadrupled and exceeds 15,000. Of these, 4,500 were among children below the age of 14 years. St. Petersburg and its oblast, Maritime Kray, and...the capital of our motherland have proved particularly "dangerously explosive." The main cause of the disease, in the opinion of leading epidemiologists, is "the low take-up of preventive inoculations of children and the inadequate level of immunity in older age groups." Malnutrition and the deficiency of vitamins, fruit, and vegetables are a factor....

[Passage omitted]

The conclusion heard at the meeting was depressing: "The sanitary-epidemiological situation in the country remains extremely acute." How can it be different, if 21 million cubic meters of polluted effluent was discharged into reservoirs last year? If 12-15 percent of the dairy products, fish, and fish products investigated and also 7-10 percent of the meat products are stuffed with all kinds of bacteria. If antibiotics are discovered in 15-20 percent of food samples. Also heavy metals—mercury, lead, zinc—in foods which we consume every day. The time has come to carry out mass inoculations.

Commentary on Report

LD1107082194 Moscow IZVESTIYA in Russian 8 Jul 94 First Edition pp 1-2

[Report by Svetlana Tutorskaya: "Infectious Diseases Advancing, Doctors Cannot Cope on Their Own"]

[Text] The Russian State Committee for Sanitary and Epidemiological Supervision has prepared a national report on the sanitary and epidemiological situation in the country over 1993 and figures for the first five months of 1994. The information is very comprehensive and in this brief commentary you cannot even name all the problems raised. Yet each of them is of vitally

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important significance. Let us first take a look at the infectious diseases situation.

Over 1993 some four million people fell ill with infectious diseases than in the previous year. Over 10,000 died from infections. The economic harm caused by infectious diseases is calculated at trillions of rubles.

You can die from influenza and from acute respiratory disease and in 1993 some 454 people died for this reason. Salmonella morbidity declined somewhat. The reason is simple: Fewer Russian-produced chickens and eggs are going on sale. On the other hand there has been an increase in the number of cases of dysentery and typhus abdominalis by 24.4 percent and 76.9 percent respectively. This increase on the one hand is directly linked to the deterioration of sanitary and hygienic habits among some groups of the population and the decline in the responsibility of a number of institutions for their sanitary condition. Municipal services in many cities have not been sparklingly clean, to put it mildly. We do not need to go far for examples. You only have to recall last summer when some rayons in Moscow were overwhelmed for months by the stench from rotting garbage that was not taken away. Even the increase in the cost of a visit to the bath house, the increased price of soap and other toiletries, and the drastic increase in the cost of laundry services—all this also affects the overall advance of infections. Essentially doctors rightly speak of dysentery as "the dirty hands disease" but dirty production is another source of gastric infections. In 1993 there were 71 outbreaks of dysentery and salmonella caused by food industry enterprises recorded officially alone. The street trade in butter, meat, and curds outside subway stations naturally also reduces one's chances of remaining healthy after eating.

The infection rate remains high for hepatitis, including hepatitis B and C, which are transmitted sexually and through the use of unsterilized medical instruments.

An outbreak of cholera has now started in Dagestan—the cholera vibrio has been identified in 23 people who have arrived from abroad and in 25 other people. In other cases the presence of this vibrio in the water of surface reservoirs has been noted.

In May this year the State Committee for Sanitary and Epidemiological Supervision developed a draw law on sanitary protection for Russian Federation territory against the important and dissemination of particularly dangerous infections and toxic substances. In addition to the 289 quarantine points now operating, a further 100 are being organized on the borders.

The diphtheria situation is a real disaster: Last year the number of cases quadrupled compared with 1992. What doctors did not expect was that up to 72 percent of patients were adults aged 30 to 50. There were 468 deaths, including 103 children. More cases of serious forms of the disease were noted. It is notable that the

majority of adults who died from diphtheria were homeless. The adult "settled" population had no clear idea that previous infection with diphtheria does not give immunity. The training of many doctors proved inadequate in this respect. As for children, the range of contraindications to vaccination is too broad and parents are inadequately informed. The campaign in a number of mass media initiated by biologists with an imprecise interpretation of the facts has poured oil on the fire. Many young families have fallen victim to this campaign, which verges on the hysterical. Five years ago IZVESTIYA had already published an exhaustive explanation by leading children's doctors on the subject. But who reads sensible advice, it is so tedious and boring. If you tell us once again to wash our hands.... Yet every year people fall seriously ill for this trivial reason. The children and adults who have died of diphtheria cannot be brought back. Nor can you influence an unfavorable factor like the uncontrolled migration of the population or more simply the growing flow of refugees. But this is not the launch of a spaceship—increasing the caution of what is mostly a literate population with regard to the dangers which could lie in wait because of disregard for the basic rules of hygiene. After all, it is shameful to rate ourselves as an educated nation and to die of dirt. And for an enormous city it is easier (and more humane!) to organize free sanitary processing points for those who need it at stations, bus stations, and airports than later to sigh over the dead and taste the sad fruit of an epidemic.

Little is said about the responsibility of each one of us. We somehow forget that freedom implies, *inter alia*, a knowledgeable mastery of vitally important information, the need for such information, and responsibility for one's own life and that of one's relations. And if they say that the need for precise information about health must be formed and that sanctions must be applied for demagogically irresponsible information leading to the loss of health—then so far that is one unshakable truth which enables human civilization to live and develop.

'Critical' Spread of Diphtheria in Maritime Kray

LD2207121594 Moscow ITAR-TASS in English
1138 GMT 22 Jul 94

[Article by ITAR-TASS correspondent Tatyana Pozhidayeva]

[Text] Vladivostok July 22 TASS—Diphtheria is rapidly spreading in the Russian Maritime territory. The number of the infected has risen to 700 people. 15 of them have already died, including three children. The rate of diphtheria infection exceeds the Russian average by 15 times. According to epidemiologists, the situation is critical.

The physicians believe the spread of the disease in the territory is due to uncontrolled population migration and unsanitary conditions.

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Far East District Under Quarantine for Tularemia

*LD1807083394 Moscow ITAR-TASS World Service
in Russian 0452 GMT 18 Jul 94*

[Article by ITAR-TASS correspondent Tatyana Pozhdayeva]

[Text] Vladivostok, 18 Jul—Spasskiy district, one of the most densely-populated in the Maritime Territory, has been declared an off-limits quarantine zone following an outbreak of the highly-infectious disease tularemia. Twelve victims have been identified and hospitalized, and rural hospitals are conducting a mass vaccination campaign.

This is the first time tularemia has been recorded in the Far East for over 25 years. According to the Maritime Territory public health authorities, the outbreak has been caused by a sharp rise in the numbers of muskrats on abandoned and neglected rice plantations and soya fields in the Prikhanskaya lowlands. Infected animals can pass the disease to humans.

Action is being taken but the situation is not improving because of the highly infectious nature of the disease. The rodents carrying it are continuing to multiply rapidly, and doctors intend to recruit hunters to control their numbers.

Tajik Refugees Bring Risk of Lice-Borne Diseases to Yekaterinburg

*94WE0302A Moscow KOMMERSANT-DAILY
in Russian 21 May 92 p 21*

[Article by Viktor Smirnov: "Evacuation of Refugees from Yekaterinburg—Municipal Authorities Frightened by Epidemics"; first paragraph is KOMMERSANT-DAILY introduction]

[Text] Fearful of an outbreak of infectious diseases, Yekaterinburg administration took action to evacuate 250 Tajik refugees begging on the city streets. The last group of refugees was placed on a long-distance train yesterday under the supervision of the militia and sent back to their homeland.

According to the information of law-enforcing agencies. Tajik refugees arrived to Northern Urals more than six months ago from the village of Tugulanskiy in Kurgan-Tyubinsk Oblast of Tajikistan. Upon their arrival, they refused the suggestion of the local migration center to acquire the official refugee status and make a permanent residence in a rural rayon of Sverdlovsk Oblast, where the authorities were willing to offer them vacant houses and financial aid to engage in farming. The refugees were quite satisfied to be beggars, and according to data of the militia each of them collected up to 25,000 rubles per day from passers by.

After inspecting the temporary residences of the Tajik citizens (in a few private homes, a school undergoing repairs, and the railroad station), representatives of the

sanitary and epidemiological service were literally horrified. Several dozen refugees lived in small private homes, and they had transformed the grounds into a garbage dump. Physicians found lice on virtually all of the refugees. In the opinion of the chief State health inspector [physician] of Yekaterinburg, Vladimir Chirkov, there was a real danger of spread in the city of diseases that were not typical for the Urals: typhoid fever, typhus, plague and cholera.

The city administration asked the Tajiks to leave the city as soon as possible. In spite of the dissatisfaction of train conductors, within a few days all 250 refugees were sent to Tajikistan in small groups, under the supervision of the militia. Telegrams were sent beforehand to all of the major stops along the train's itinerary, with the request to check that the Tajiks would reach their destination.

The administration of Yekaterinburg took immediate steps to develop a local legislative document regulating residence of refugees in Yekaterinburg.

Syphilis, Chlamydia Cases Increase Rapidly in Kursk

94WE0252B Moscow TRUD in Russian 9 Apr 94 p 3

[Article: "Syphilis—The Worst Is Still To Come"]

[Text] Kursk. The prevalence of venereal diseases among the population is growing in a geometrical progression. Whereas in 1991 a total of 142 cases of syphilis were recorded, in 1993 a total of 832; in two months of this year, 178. However, as Vladimir Bozhenov, chief physician at the oblast dermatovenereologic clinic, asserts, these are only trifles as compared with the new variety of venereal disease—chlamydiosis. This disease is mainly transmitted sexually and, as a rule, proceeds in hidden form. At times a person does not even know that he is affected by a virus. As a result, every second person becomes infertile. Moreover, chlamydiosis causes various complications and affects vision, respiratory organs, joints, and so forth. According to Vladimir Bozhenko, at present about 60 percent of the oblast's young women suffer from chlamydiosis.

Bryansk Oblast Sees Thirty-Percent Rise in Endocrine Disease

94WE0252C Moscow TRUD in Russian 9 Apr 94 p 3

[Article: "Blood Chilling Statistics"]

[Text] Bryansk. Lyudmila Trapeznikova, head of the Department of Sanitary Hygiene of Children and Adolescents at the Oblast Center for Sanitary-Epidemiological Supervision, announced to an ITAR-TASS correspondent that the incidence of diseases of the endocrine system among children and adolescents was rising at outstripping rates in Bryansk Oblast. Whereas last year the total number of diseases increased by 12 percent, of the "endocrine system," by more than 30.

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The rates of rise in these diseases in Bryansk Oblast outstrip average Russian rates more than fourfold.

Yaroslav Oblast Creates Emergency Tuberculosis Control Commission

94WE0252A Moscow TRUD in Russian 9 Apr 94 p 3

[Article: "Return of Koch's Bacillus"]

[Text] Yaroslavl. The Emergency Antiepidemic Commission for Tuberculosis Control was established in Yaroslav Oblast by the governor's special directive. Recently, this disease has been among the leaders of infectious diseases. In a number of rayons the sick rate exceeds the republican rate one and a half- to twofold.

The increase in children's diseases causes special alarm. The commission, which, in addition to physicians, also includes heads of city and rayon administrations and workers at the Administration of Internal Affairs and at the Oblast Migration Department, pointed out the insufficient attention to antituberculosis services. For example, for the third year the clinic building in Yaroslavl is under repair and the number of places in specialized adult and children's sanatoriums and preschool institutions is decreasing. As a consequence, an unsatisfactory situation with the treatment of tuberculosis patients and an increase in the death rate.

Official Comments on Moscow Water at International Conference

94WE0256B Moscow NEZAVISIMAYA GAZETA in Russian 15 Apr 94 p 2

[Item by Russian Information Service]

[Text] Moscow. The use of bacterially contaminated tap water often is the cause of mass outbreaks of intestinal infections among Russia's population. Lyudmila Podunova, Russia's deputy chief state sanitary inspector, announced this in the course of the "Clean City" International Conference, which ended on 13 April. Thus, 13 outbreaks of a water nature, the number of victims totaling 2,284, were recorded in 1993. The presence of highly toxic organic compounds in surface water supply sources also creates a serious danger for the population's health. In Lyudmila Podunova's opinion, it is also necessary to carry out a set of operations unified into a single state scientific and technical program for improving drinking water.

Tula Children Hospitalized After Injection of Veterinary Tularemia Vaccine

94WE0256A Moscow NEZAVISIMAYA GAZETA in Russian 19 Apr 94 p 2

[Article by Interfax]

[Text] Tula Oblast. Seventeen children were hospitalized simultaneously in the village of Nepryadino in the

oblast's Volovskiy Rayon. As the RF Ministry of Emergency Situations reported, in the rural school by mistake pupils were injected with antituberculosis vaccine intended for farm animals. Physicians evaluate the condition of the sick children as of medium severity.

Hydrochloric Acid Found in Drinking Water Near Khabarovsk

MM1507093794 Moscow IZVESTIYA in Russian 14 Jul 94 p 8

[ITAR-TASS report: "Hydrochloric Acid in Drinking Water"]

[Text] On taking samples of the drinking water used by the residents of the settlement named for Lazo, 60 km south of Khabarovsk, employees of the sanitary-epidemiological station discovered that it was contaminated by hydrochloric acid.

The Ministry for Emergencies has reported that an investigation has been started into the reasons why acid got into the drinking water. It has already been established that 207 tonnes of hydrochloric acid somehow got into the sewer system from the local chemical plant, which is now inoperative, and some of it also, obviously, penetrated the drinking water. The investigation is continuing.

Cancer Mortality Rate Climbs in Maritime Kray

OW2906181794 Vladivostok Radiostantsiya Tikhii Okean Maritime Network in Russian 0715 GMT 28 Jun 94

[From the "Pacific Ocean" Program]

[Text] The mortality rate in the Maritime Kray from cancer has increased by 40 percent in the last 20 years. These were the conclusions reached by specialists at a meeting of the medical society at the Institute of Epidemiology and Microbiology of the Siberian branch of the Russian Academy of Medical Sciences.

The state of health of the inhabitants living in areas of open concentrated ore workings, as well as the city of Bolshoy Kamen, where the plant for the repair of nuclear submarines is located, causes particular alarm.

Negative Trends Revealed in Russians' Diet

PM0107100594 Moscow IZVESTIYA in Russian 29 Jun 94 p 13

[Article by Aleksandr Baturin of the Russian Academy of Medical Sciences Institute of Nutrition: "What is on the Menu. Russian Population's Diet in 1989-1993"]

[Text] The past five years have been characterized by significant changes in the structure of consumption of foodstuffs (see table). In 1990-1991 the most marked changes have taken place in the group of meat and meat

products, milk and dairy products, fish, sugar and confectionery, and also vegetable oil, consumption of which fell by 12-13 percent. Fruit and vegetable consumption saw the lowest fall, while, at the same time, consumption of potatoes increased. In 1992 we saw a further reduction in the consumption of meat products and fish, dairy products and fruit (by 25-28 percent compared with 1989), and there was an increase in the consumption of fish products and potatoes by six and 14 percent respectively compared with 1989.

In the first half of 1993 we did not see a further reduction in the consumption of the main groups of products, except for vegetables, and consumption of meat, sugar, and vegetable oil increased somewhat compared with 1992. The increase in the consumption of potatoes and bakery products became more pronounced (24 and 11 percent compared with 1989).

When you assess the level of animal protein consumption you find it falls short of the official norms (50 percent compared with the recommended 55).

The past five years have also been characterized by changes in the consumption of fats. Whereas in 1989 the level was 10-15 percent above estimated requirements, the reduction of the fat content in the diet to 95-100 grams per day brought the actual level of consumption closer to the recommended amounts. But fat consumption remains excessive because of the relatively high proportion of animal fats. The high fat content is also confirmed by the cholesterol level.

Sugar accounts for over 16 percent of the calory content of the diet, which is significantly higher than the recommended amount. At the same time, the relatively low dietary fiber content is interesting—overall consumption of cellulose and pectin is less than 10 grams per day, which is barely more than 50 percent of the optimum amount.

Vitamin deficiency is widespread. For instance, 40-90 percent of those surveyed were found to have an ascorbic

acid deficiency, and around one-half of them were profoundly deficient, bordering on manifestations of scurvy in the spring period of the survey; over 50 percent of those surveyed in the spring and around one-third of those surveyed in the fall had a carotene deficiency. The widespread nature and severity of the vitamin deficiency certainly contributes to a reduction in fitness for work and in the organism's resistance to adverse factors in the environment and to the development of malignant tumors.

The current situation should be seen as unfavorable, in view of the uneven distribution of food among the individual regions and population groups. This is confirmed by data on the consumption of food in 1991 in families with different incomes. The groups of the population with the lowest incomes had low levels of consumption of energy (around 2,000 calories per day) and protein (no more than 70 grams) and these families were also deficient in other nutritional substances. On the other hand, among the high-income population consumption of energy, protein, and fat exceeded estimated needs, but consumption of the majority of vitamins was below recommended levels. It was established that the most frequently consumed food in all the regions surveyed was bread, groats or pasta, sugar or confectionery (they were consumed by practically all population groups surveyed); meat and meat products were consumed by 75-95 percent of those polled, and potatoes and other vegetables were consumed by 50-80 percent.

At the same time, milk or sour milk products were consumed by no more than 50 percent and fresh fruit by no more than 20 percent of those surveyed. Fish and fish products and vegetable oil were rarely consumed.

So the negative trends in the Russian population's diet continue and are characterized primarily by a reduction in the intake of nutritious proteins, a lack of the majority of vitamins and a number of minerals, excessive consumption of animal fats, and a low level of dietary fiber.

(This is a condensed version of the article. The full text can be found in the journal VOPROSY PITANIYA, No. 3, 1994)

Consumption of Food by the Russian Population, According to Family Budget Survey Data
(kilograms per year per family member)

Products	1989	1991	1992	1993*
Bakery products in flour, groats, and pasta equivalent	98	98	104	109
Wheat bread	68.66	73.03	71.46	70.48
Rye bread	23.62	24.7	26.69	26.68
Potatoes	93.83	98.1	106.65	117.58
Vegetables and melons	91	87	83	74
Fruit and berries	41	37	34	37
Sugar and confectionery in sugar equivalent	33	29	28	33
Sugar	20.8	17.5	17.32	21.56
Meat and meat products in meat equivalent	75	65	54	58

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**Consumption of Food by the Russian Population, According to Family Budget Survey Data
(kilograms per year per family member) (Continued)**

Products	1989	1991	1992	1993*
Beef	18.9	15.6	14.1	16.6
Mutton	2.23	1.5	1.39	1.22
Pork	10.35	9.5	10.29	10.98
Poultry	13.55	12.6	10.31	8.7
Sausage	14.4	13	10.37	10.54
Fish and fish products	16.1	14.1	11.6	12
Milk and dairy products in milk equivalent	397	348	299	298
Milk	116.6	118	106.4	99.5
Sour cream and regular cream	14.05	13.3	6.48	6.48
Butter	7.14	5.51	5.57	5.84
Eggs (units)	237	229	243	255
Vegetable oil, margarine	6.9	6.1	6.5	7.2

* Extrapolated from first six months.

KAZAKHSTAN

Tuberculosis Said To Claim 2,000 Lives Annually

MM1507093094 Moscow IZVESTIYA in Russian
14 Jul 94 p 8

[ITAR-TASS report: "Almost 2,000 Kazakhstanis Die of Tuberculosis Annually"]

[Text] The extraordinary situation in the capital of Kazakhstan in terms of the incidence of tuberculosis has been still further exacerbated. Gulshara Urmurzina, chief of Alma-Ata [Almaty] City Medical Service Administration, declared this at a session of the Health Ministry Collegium Wednesday.

It seems that the disease strikes particularly actively at vagrants, alcoholics, and drug addicts who have occupied attics, underground thermal insulation shafts, and other places not adapted for normal human life. Although phthisiologists [as received] are working with this group with the help of internal affairs staffers, there is no guarantee that all those with the disease are being seen by physicians. Those who have recently been "privileged" to contract tuberculosis also include small businessmen, "dealers," and "fixers," who by the nature of their activity are rarely at home and, as a rule, do not undergo prophylactic screening.

The situation is no better in the republic as a whole. Here 10,000-11,000 people contract tuberculosis annually. The bulk of them are in the western regions. Up to 2,000 people annually die of tuberculosis in Kazakhstan owing to poor nutrition and unsanitary conditions, particularly in remote settlements and villages, which frequently do not even have clean drinking water.

Until people's social and economic position improves and hospitals start providing compulsory treatment, Aldesh Dzhunusbekov believes, it will be difficult to overcome tuberculosis.

LATVIA

Increasing Incidence of Diphtheria Reported

LD1307125594 Riga Radio Riga Network in Latvian
0900 GMT 13 Jul 94

[Text] In recent times there has been a sharp increase in the incidence of diphtheria in Latvia. Last year, doctors noted only two cases of diphtheria, but in the first six months of this year there have already been 67. In eight cases the patients have died. The newspaper DIENA reports there has also been a high incidence of illness borne by the diphtheria bacterium. Most of the cases in this half year have been in Daugavpils, Riga, Tukums, and the Daugavpils region.

LITHUANIA

AIDS Rate Doubles in 1993

LD1607181794 Vilnius Radio Vilnius Network
in Lithuanian 1300 GMT 15 Jul 94

[Text] The Statistical Department reports that the number of persons suffering for the first time of drug addiction doubled last year as compared with the previous year.

According to the AIDS center, by May 1994 twenty-two HIV carriers were registered in Lithuania. Five of them were suffering from AIDS.

In the opinion of experts, for every AIDS sufferer there are 50-100 people who may be infected. Therefore, there may be more infected people in Lithuania. In 1992, after the completion of investigation, the BALTIC INFORMATIK forecast that there could be 223 HIV carriers and 12 people suffering from AIDS in Lithuania in 1996.

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Tuberculosis Spreading 'Rapidly'; 47 Per 100,000 in Vilnius

LD1507165794 Vilnius Radio Vilnius Network
in Russian 1200 GMT 15 Jul 94

[Excerpt] Tuberculosis, a satellite of poverty, is spreading rapidly in Lithuania. On average, 43 people suffer from tuberculosis per 100,000 of population. In Vilnius this figure is 47 people.

Seventy percent of the contingent of patients treated at the Antakalnis tuberculosis hospital in Vilnius comprise so-called asocial persons.

In 1993 this dangerous infectious disease was diagnosed in 1,628 persons—276 of them in Vilnius. In addition, 8,204 people are suffering from active tuberculosis, 688 from open tuberculosis, and 382 people have died.

In the first six months of this year the same number of infected people was registered as in the whole of last year. [passage omitted]

Tuberculosis Reported on Rise

LD2207144194 Vilnius Radio Vilnius Network
in Russian 1200 GMT 22 Jul 94

[Text] The cases of tuberculosis increased this year. In the first half of this year, there were 2,400 more people suffering from this disease than in the same period of last year.

MOLDOVA

Cholera Case Registered in Moldovan Capital

MM1507085194 Moscow PRAVDA in Russian
14 Jul 94 p 2

[Report by Arkadiy Pasechnik: "Cholera Is All We Need..."]

[Text] Kishinev [Chisinau]—A case of cholera has been recorded in Moldavia [Moldova]. An 18-month-old boy has come down with it in a suburb of Kishinev. I would like to think that this is just an isolated case. The last flareup of the dangerous disease occurred in the republic in 1979-1980, when there were even fatalities. It would

not be out of place to recall that, if the epidemiological and sanitary situation has changed since then, it has certainly not done so for the better.

UKRAINE

Donetsk Plant To Produce Remedy Against Poisons, Muclides

AU0607150694 Kiev MOLOD UKRAYINY
in Ukrainian 5 Jul 94 p 1

[Unattributed report published under the rubric "Fact"]

[Text] Ukraine's first and only such plant in Donetsk will manufacture 25 tonnes of medical sorbents annually. The plant is under construction on the territory of the former Shevchenko Production Association "Krasnoarmiyskvuhillya." The sorbents will purify the human body of poisonous substances and blood of radionuclides. Apricot stones constitute the raw material.

UZBEKISTAN

Cholera Virus Found in Eastern, Central Canals

LD3006193594 Moscow INTERFAX in English
1858 GMT 30 Jun 94

[Text] Cholera vibrio, which causes cholera, has been found in the canals of the Bukhara and Namangan Regions of eastern and central Uzbekistan, officials in the country's epidemiological service told Interfax.

They said that steps had been taken to disinfect the water.

The service officials said that not a single case of cholera had been registered in Uzbekistan in 1994 but the forecast for the summer and fall was pessimistic. To make matters worse, nearly nine million people, or 40 percent of the population, use water from lakes, rivers and canals.

An emergency anti-cholera commission chaired by First Deputy Prime Minister Ismail Jarubekov has been set up. The country's 220 epidemiological stations take daily tests of water in their areas. Forty two new laboratories have been set up.

REGIONAL AFFAIRS

EU Commissioner Urges Tighter Restrictions on British Beef*AU1507150894 Paris AFP in English
1435 GMT 15 Jul 94*

[Excerpts] Brussels, July 15 (AFP)—The EU [European Union] should tighten restrictions on the export of British beef, European Agriculture Commissioner Rene Steichen urged Friday [15 July], following German concern about contamination of British meat by so-called "mad-cow" disease.

British beef carcasses would be passed for export only if they originated from a herd which had been free of the disease, officially known as bovine spongiforme encephalitis (BSE) for six years, Steichen said.

Previously, cattle from herds free of the disease for two years could be transported.

Scientific experts of the European Union (EU) had recommended that the commission increase protection against any risk arising from the disease which is fatal in cattle. [passage omitted]

The scientists said that they could not recommend ending the ban on certain British exports of live cattle.

They held that animals born before the introduction of a ban on the use of cattle feed based on sheep offal by Britain in 1990 might have been infected. [passage omitted]

CYPRUS

Three More AIDS Cases Reported in June*NC0107174394 Nicosia CYPRUS NEWS AGENCY
in English 1644 GMT 1 Jul 94*

[Text] Nicosia, Jul (CNA)—Three more AIDS carriers were identified in June, all of them Cypriots in their thirties, two men and a woman, bringing the number of AIDS carriers to 174.

All three new carriers contracted the disease from sexual contact with another AIDS carrier.

In the first half of 1994 the number of Cypriot carriers of the HIV virus reached 16 compared with only five the year before.

Since October 1986, 174 carriers have been identified, 102 of them are Cypriots, the remaining 72 foreigners. Twenty-nine of them have developed the disease but 73 are carriers.

The 20-29 age group accounts for 45 out of the 102 cases of AIDS, followed by the 30-39 age group with 36 cases.

Ten AIDS patients and 40 carriers are undergoing treatment at Nicosia General Hospital.

So far 16 Cypriots have died from the disease while three other carriers have died from another cause. Sexual intercourse remains the main way of contracting the disease and most cases belong to the homosexual group.

In Cyprus, there are currently five families in which both parents are AIDS carriers.

IRELAND

Official Reports Incidence of AIDS*94WE0344 Dublin IRISH INDEPENDENT in English
6 Jun 94 p 6*

[Article by Eilish O'Regan: "Ireland Has Second Lowest European Union AIDS Rate"]

[Text] The number of AIDS [acquired immunodeficiency syndrome] cases per million of the population in Ireland is the second lowest of the 12 EU [European Union] countries, according to official figures.

However, it is believed the true rate of the infection is much higher than official estimates because of serious under-reporting.

Figures supplied to Fine Gael health spokesman Bernard Durkan, show the rate for Ireland is 105 cases of AIDS per million of the population.

Spain tops the league at 579 cases per million and France is second at 481 per million. Lowest is Greece with 84.9 per million.

In Ireland 48 percent of AIDS cases are related to IV [intravenous] drug misuse. Drug abusers continue to be the main target of funding with the availability of heroin substitute methadone increasing.

The Department of Health thinking behind the availability of methadone is to persuade addicts to take the free 'safe' drug in order to make them less likely to indulge in high risk needle sharing.

Funding has also been provided to implement outreach programmes to target members of the homosexual community.

Melanoma Death Rate Doubles in 16 Years*94WE0347 Dublin IRISH INDEPENDENT in English
11 Jun 94 p 3*

[Article by Stephen O'Brien: "Skin Cancer Death Toll on Rise"]

[Text] Skin cancer from harmful sun rays is causing 60 deaths a year in Ireland—a doubling of the melanoma death rate in just 16 years, the Consumer Association of Ireland (CAI) warned yesterday.

And the association called for new laws controlling sun-tanning businesses following a survey of more than 30 sunbed centres nationwide.

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"The only way to get a safe tan is to fake it," said a spokesperson for the CAI magazine CONSUMER CHOICE. "Women are particularly susceptible to melanoma—three quarters of all cases detected are in women.

"The last thing you want to hear is that there's no such thing as a safe tan, but when we get a tan, it is a sign that the skin is already sun damaged and is trying to protect itself from further damage."

Diehard sunlovers determined to have the real thing are advised to start by spending just 10 minutes in the sun and slowly building up their exposure time.

The consumer group warned that fair-skinned people—that includes most of the Irish population—should use the highest protection sunscreens.

And with more people turning to sunbeds for the so-called healthy glow, CONSUMER CHOICE has called for the licensing and regular inspection of tanning centres.

A survey of 30 sunbed centres revealed "inconsistent" levels of health and safety advice given to users, and two recently reported cases of cancer could be linked to sunbeds, the magazine revealed.

The CAI warned sunlovers that: children and people working outdoors are more at risk; those on medication—including antihistamines, analgesics and oestrogens—can be more sensitive to the sun; any mole or freckle that changes in size, itches or bleeds should be checked by your doctor.

Report on Incidence of Tuberculosis Revealed

94WE0345 Dublin IRISH INDEPENDENT in English
3 May 94 p 5

[Article by Don Lavery: "Tuberculosis Trebles in Areas Failing to Vaccinate"]

[Text] Tuberculosis in children is 3 1/2 times higher in certain areas of the country which have stopped routine vaccination than in areas which have continued the practice, a confidential report for Health Minister Brendan Howlin has pointed out.

The internal report, which is being finalised before being submitted to Mr Howlin, says a 1988 survey found that incidence of the disease among children in Galway, Roscommon, Mayo, south Tipperary, Cork, Cavan, and Monaghan is more than three times higher than areas that did have routine BCG [expansion not given] vaccination.

The report on the incidence of TB [tuberculosis] in Ireland, which is aimed at outlining ways of improving treatment and screening of the disease, includes a series of recommendations aimed at better reporting of the disease, including the routine audit of all TB deaths in Ireland by a National TB Review Committee.

It shows that the notification rate of the incidence of TB in Ireland per 100,000 people is 17.9 compared to

10.5 in the United Kingdom, 7.3 in Italy, 9.2 in the Netherlands and 8.5 in Norway.

And it warns that internationally TB is on the increase for two main reasons—the spread of AIDS [acquired immuno-deficiency syndrome] and the increase in migration from certain Third World countries where the disease is rampant.

One expert said last night: "Apart from a three-year blip in the 1980s, TB in the period 1986-91 has decreased in Ireland. Overall the incidence is down."

It is understood some areas of the country have ceased routine BCG vaccination mainly because of doubts about its efficacy.

However medical sources said last night that it had been shown conclusively that the BCG vaccination does work and does reduce the incidence of childhood tuberculosis and meningitis.

Last night Junior Justice Minister Willie O'Dea said he would be speaking to Mr Howlin as he was concerned that routine testing had been stopped, apparently before criteria set by the World Health Organisation for reduction in the disease had been met.

The report to be sent to Mr Howlin says the death rate from TB in Ireland was 1.2 per 100,000 people in 1992.

Among a range of recommendations on better reporting of the disease it says copies of prescriptions from chemists for anti-TB drugs should be routinely forwarded to the local medical officer for health, and that Health Boards, public health doctors send data to the Department while unusual clusters of TB are also to be notified to the Department.

ITALY

Number of AIDS Cases Continues To Rise

LD2107192294 Rome RAI Uno Television Network
in Italian 1800 GMT 21 Jul 94

[Text] The number of AIDS cases reported in Italy continues to rise. According to figures published by the Committee for the Fight against AIDS, by the end of the year a further 6,000 new cases will have been reported to add to the current figure of 25,000 cases. The regions most affected are Lombardy, Liguria, and Lazio.

SWEDEN

AIDS Cases on Increase; Safe Sex Message Not Getting Across

LD1407194594 Stockholm Radio Sweden in English
1615 GMT 14 Jul 94

[Text] The number of people infected with the AIDS virus in Sweden is continuing to increase. During the

first quarter of the year, 64 new cases of HIV infection were reported, 21 were among gay men. Thirty-four people were infected through heterosexual sex. Health experts say the safe sex message is not getting through to the gay community. Nearly 4000 people across Sweden are known to have contracted the AIDS virus, with 1000 developing the disease.

Immigrants To Be Examined for Tuberculosis

94WE0313A Stockholm SVENSKA DAGBLADET
in Swedish 20 Jun 94 p 8

[Article by Inger Atterstam: "Mass X Rays Introduced Against TB"]

[Excerpts] Sweden is now beginning to take measures to counter the risks of the troubling health development in the Eastern countries. Among the threats an increased incidence in the East of several infectious diseases, primarily tuberculosis, TB, and diphtheria, is noted.

Tuberculosis was one of the most common causes of death in the Western world well into the 1900's.

In order to prevent the disease from spreading again, lung X rays will, according to proposals from the Social Administration, be taken of all adult asylum-seekers from countries with a high risk of tuberculosis. Among them are Eastern nations, including the former Yugoslavia. Mass X rays are the most important part of the intervention against tuberculosis among asylum-seekers and refugees from these areas.

Greater Protection

At the same time, serious discussions are under way between the Social Administration and the Institute for Protection Against Contagious Diseases regarding the introduction of general vaccination of all Swedes against tuberculosis and diphtheria, in order to increase the protection of the population against these feared diseases. [passage omitted]

Regarding diphtheria, all Swedes born in 1955 and after have been vaccinated against the disease.

Everyone born before that has considerably less protection. According to certain studies, as many as 80 percent of all Swedes over 40 lack immunity to diphtheria bacteria.

Customs Personnel Vaccinated

The growing diphtheria epidemic in the East has already led to the vaccination of certain Swedes with frequent contacts with the East, such as customs personnel and ferry employees.

"We must increase preparedness in Sweden in these areas," says Board of Health member Karl-Axel Norberg of the Social Administration.

"The catastrophically deteriorated health situation for the population in several Eastern countries carries a risk with respect to the contacts that take place today across the borders. We have no guarantees that potential epidemics will stop at our border."

As already reported by SVENSKA DAGBLADET, there are several signs that a creeping tuberculosis epidemic is in the process of developing in several Eastern nations, among them the Baltic states and former Yugoslavia. The most worrisome part of this development is that a large proportion of the tuberculosis bacteria in these countries have already had time to develop resistance and cannot be treated with drugs. [passage omitted]

Controversial Issue

Several experts in Sweden, some from the Institute for Protection Against Contagious Diseases, have therefore demanded special tuberculosis actions among asylum-seekers and refugees from high-risk areas.

The question is controversial for the reason, among others, that such actions could fuel the opinion hostile to the immigration.

In a proposal for new recommendations concerning refugee health that is now being circulated for comment, the Social Administration proposes several changes.

Expensive But Motivated

"We have decided to recommend pulmonary X rays of all adult asylum-seekers from all areas at high risk for tuberculosis," says Board of Health member Karl-Axel Norberg.

"It is a relatively expensive effort, but we consider it motivated, above all because the incidence of resistant bacteria is increasing and because such large groups of asylum-seekers are coming from these areas right now. Better tuberculosis preparedness is necessary to provide protection and help to those who are affected with it and to reduce the risk of spreading the disease. One problem is that people can be infected with tuberculosis over a relatively long period without knowing it."

It is further proposed in the Social Administration's new recommendations that contagious disease physicians in each province should decide about special measures based on the conditions in their respective area of responsibility, and that information regarding the health situation in the areas from where refugees currently come is improved.

The Social Administration anticipates that the new regulations for asylum-seekers will take effect on 1 September. When a potential decision regarding the start of mass vaccination against tuberculosis and diphtheria in Sweden will be made is still not clear.

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